

Memorials in Public Open Spaces Application Form - Temporary Memorial

Prior to applying for a temporary memorial, it is a requirement that the applicant review the *Memorials in Public Open Spaces Policy* and *Fact Sheet*.

For an application to be considered, all sections must be completed fully, with supporting information where indicated.

The nominated applicant must be an immediate family member and will be the City's first point of contact and reference. It is important to ensure all contact details are provided and updated as necessary. Contact information of the applicant will be treated as confidential.

Further information

Customer Care Team on 9400 4000 or email info@joondalup.wa.gov.au.

Application details				
Person completing this application				
Mr / Mrs / Miss / Ms / Other:				
Surname:	Given name:			
Residential Address:	1			
Postcode:				
Phone:	Mobile:			
Email:				
Relationship to the person commemorated (Note: must be immediate family member):				
Relationship:				
Details of person commemorated				
Full name:				
Residential address prior to death:				
Postcode:				
Date of death: (NOTE: a copy of the death certificate is to be provided with this application.)				
Supporting information (additional information may be attached)				



Please describe the person being commemorated and how they passed on				
Proposed memorial	type, design and mate	erials		
*Please indicate the	proposed type of memor	ial and materials us	sed:	
C Cross	C Flowers or plants	C Plaque	C Toys	
○ Notes	Other - see below			
Other – provide details:				
Materials to be used – provide details:				
Text included on the memorial – provide details:				
Dimensions of the me	emorial:Height(cm)	Width(cm):	Depth(cm):	
*Please note: Materials, inclu motorists e.g., no reflective m	uding plaques, are not permitted to naterials, no fluorescent material o	o be attached to City asset or lighting.	s. Roadside memorials must not create a distraction to	
Provide details of the preferred location of the memorial. (Please indicate on a map and attach to this application)				
Memorial location: Park or reserve (**Road reserve (roadside)				
Location details (indicate on map and attach):				
*Please note: requests for roadside memorials on road reserves not under the management of the City, shall be referred to Main Roads Western Australia (MRWA) in accordance with their <i>Roadside Memorials Policy</i> .				



Provide information relating to the funding and maintenance arrangements of the memorial					
Provide any final comments – if required					
	claration (all boxes must be selected before submitting	g this application	n)		
l de	eclare:				
	the information provided in this application is true and correct.				
	I have read, understand, and agree to the terms of the <i>Memorials in Public Open Spaces Policy</i> and <i>Memorials in Public Open Spaces Fact Sheet</i> .				
	I agree to meet all ongoing maintenance requirements and replacement costs, including those caused as a result of vandalism and theft.				
	☐ I accept that the City may cause for removal, or disposal, of the memorial should the requirements of the memorial not be met.				
☐ I agree to update the City should my contact details change, and, by not doing so, may result in not being notified of the memorials' removal and disposal.					
☐ I am an immediate family member of the deceased.					
Mr	/ Mrs / Miss / Ms / Other:				
Surname:		Given name:			
Signature:		Date:			
For Office Use Only					
Red	Received On (date): Received by (Print name):		Dy (Print name):		