WEST MERSEA TOWN COUNCIL

MEMORIAL BENCH APPLICATION FORM

Your Details

Name: _____

Address: _____

_____

Telephone: _____ Email: _____

Wording for plaque: _____

_____

_____

_____

Preferred location of bench: _____

Costs

Please provide and install a dedicated seat on my behalf. Once approved I agree to donate the total amount due for the order to be made. **I agree to the terms of the Memorial Bench Policy.**

Signature: _____

Print name: _____ Date: _____

Bank account details

Account Name: West Mersea Town Council
Bank: Unity Trust Account No: 20410023 Sort Code: 60-83-01

Please return this form to:

West Mersea Town Council, 10 Melrose Road, West Mersea, Colchester, Essex, CO5 8JD
Email: carol.fountain@westmerseatowncouncil.gov.uk Telephone: 01206 382128 option 1

Office only:

Date application received		*Date donation received*	
Plaque wording approval		*Order date*	
Confirmed location		*Installation date*	
Date approved			