LYDD TOWN COUNCIL MEMORIAL BENCH APPLICATION FORM

CONTACT DETAILS	Insert details in this column please
Name of applicant	
Address	
Telephone number/s	
Email address	
PREFERRED LOCATION	
Please indicate if you would like the bench to be installed at the Rype or the Banks and indicate the position – a photograph and adjacent road name/ house number will help.	
MEMORIAL PLAQUE	
Name and dates of person/s for dedication	
Memorial message (for Council approval)	
Persons connection to Lydd	
Signature	
Date	

OFFICE USE	
Approved Memorial message	
Agreed location	
Payment received and date	
Name of officer reviewing and agreeing	
Signature of officer	
Date approved	
Order number and date placed with supplier	
Delivery date and delivery address	
Contractors date for installation	
Completion date	