

## APPLICATION FORM TO PLACE A TEMPORARY ROADSIDE MEMORIAL WITHIN THE CITY OF ROCKINGHAM

PARTICULARS	OF PERSON MAKING ORDER	
Name:		
Address:		
Suburb:	Post Code:	
Telephone (home):	(work):	
Location of Memorial:		
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have lost their lives on the road how such as, toys and other personal effe	de comfort to families and friends of people who ever in the interest of preserving safety for all, items ects are not permitted. Flowers are permitted in a maintained in a neat and tidy condition. e limited to non-reflective materials.	S
	for maintenance and care of the site once installed lacement cross as a result of damage or vandalism	
	olicy "Memorials in Public Places" and confirm my nemorial expires 26 months from the date the road	
Signature:	Date:	