



**APPLICATION FORM
TO PLACE A MEMORIAL PLAQUE WITHIN
THE CITY OF ROCKINGHAM**

PARTICULARS OF PERSON MAKING ORDER

Name: _____

Address: _____

Suburb: _____ Post Code: _____

Telephone (home): _____ (work): _____

Requested Location of Plaque: WAIKIKI WALL

Plaque Inscription: Please note the format below is a guide, if you wish to write or type the inscription in another format please do so. There are a maximum of 8 lines of text per plaque and a maximum of 36 characters (including spaces) per line. PLEASE PRINT IN BLOCK LETTERS.

Plaque Size
200mm x 150mm (Waikiki Wall)

1st Line: _____

2nd Line: _____

3rd Line: _____

4th Line: _____

5th Line: _____

6th Line: _____

7th Line: _____

8th Line: _____

I have read and acknowledge the policy regarding “The placing and maintenance of memorial plaques within the City of Rockingham (excluding East Rockingham Cemetery)”.

Signature: _____ Date: _____

Estimated Cost : \$650.00

This price is an estimate only. Final costs will be advised when the plaque cost is known.