

UPPER HUTT CITY COUNCIL AKATARAWA CEMETERY

Application to Issue Permit for Memorial Work

Full name of Deceased:		
Date of Death:		
Type of Work:		
Tick appropriate box New Headstone Clean/Repaint Onsite	 New Plaque Ac Clean/Repaint Offsite 	dditional Work to Existing Memorial
Materials to be used:		

Description and dimensions of memorial to be placed.

Please Note:

- The construction of all bases is to comply with the eighth schedule of the Cemetery Rules.
- No advertising of any sort will be permitted on any memorial ٠
- The details of the start date and time is to be provided prior to commencing work and • notification is also required at the completion of the work.

Name of firm:

Signature: ______Date: ______Date: ______

FOR OFFICE USE ONLY		
Permit Fee:	_	
Permit Number:	Plot No:	_Section:
Signature:	Date:	_