Application – Request for a Memorial Bench

Signed: Date:

Applicant's details

Full Name:	
Address:	
Postcode:	
Telephone: (landline and mobile)	
Email:	
Relationship to the person for whomthe bench is being provided to remember:	
Please ensure that you notify the if necessary.	e Town Council of any change in contact details so that we can contact you
Details of the Memorial Bench	
Dedicated to:	
Association with Ilminster	
Preferred location	
Request for	 a) The installation of a brand-new bench with plaque b) The replacement of the top slat of an existing bench so that a memorial plaque can be inserted flush with the back rest. (Some benches are not suitable for a plaque to be fixed to the existing top slat) c) The fixing of a plaque to an existing wooden bench
Declaration by the applicant. I declare that I have read and underst	tood Ilminster Town Council's Memorial Bench Policy