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| **ICKLESHAM PARISH COUNCIL** |  |
| **COMMEMORATIVE BENCH SCHEME APPLICATION FORM** |
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| **Name:** |   |
| **Address:** |   |
| **Postcode:** |   |
| **Telephone:** |   |
| **Email:** |   |
| **I would like to donate a commemorative seat****With Arm Rests / Without Arm Rests (please delete as appropriate)** I understand that the seat I will be donating will be in an area of my choice (subject to that area being available). However, the actual location/positioning of a seat within an area will be determined by Icklesham Parish Council in consultation with the donor.**My area of choice is** |
| I would like a stainless steel plaque affixed to the seat, inscribed with the following wording **PLEASE PRINT TEXT CLEARLY (MAX 150 CHARACTERS)** |
| **Insert Message:** |
| I understand and accept the terms and conditions as supplied.**Signed: Date:** |