

## MONUMENTAL / RESTORATION WORK FORM

APPLICAT	ON TYPE						
☐ Erec	Erection of Monumental Work				Restoration of Monumental Work \$225.00		
Additional inscription to headstone			\$124.00		Reinstatement of Materials (No Fee)		
APPLICAN	T DETAILS						
Name:							
Address:							
Phone:							
Applicant Sig	gnature:					Date:	
DETAILS A	BOUT DECEA	SED (phone (02	2) 4934 9770 for l	ocation)			
Deceased N		-	•				
Cemetery:					Section:		
Denomination	on:				Plot:		
Next of kin o	of deceased:						
DETAILS O	F PROPOSED	WORKS					
	ails of monume						
	of proposed wo						
Material to b	pe used:						
restoration of behalf of the	monumental wo	rk on a plot in Ma empany this applic	itland City Council C	emeteries	on can make an applica . If an authorised perso .st only be carried out b	on, proof of author	ity to act on
All monumental works must be carried out in accordance with the following documentation:  • Australian Standard for Monuments and Headstones in Cemeteries  • Maitland City Council Cemetery Policy  • Maitland City Council Permit to Work in Council Cemeteries							
On completion of works the installer must provide photographic evidence of the works to Council citing the Plot location.							
Prior to comme	encement of any mo	onumental works in	a Maitland City Counci	l Cemetery,	the service provider must	t give Council 24 hou	ırs notice.
Council does	not insure the gr	ave / headstone /	or monumental wor	-k.			
The collection of the public record that Access) Act 2009.	Council may use and o A consequence of non-p	utory requirement under r make available in acco provision may result in bu	rdance with the Privacy and urial plot not being allocate	d Personal Inf ed. Council wil	k Public Health Regulation 2012 ormation Protection Act 1998 a I take all reasonable steps to pr riod that is an accordance with	and the Government Infor rotect the personal inform	rmation (Public nation it holds
SIGNATUR							
indemnify and	d hold safe and h	armless Council ag		oceeding,	d to carry out the proper claim, damage, loss and is application		-
Signature:			, 1	Date:	• •		
OFFICE USE O	<b>NLY</b> (Payment Co	des – GL 30402 BCI	)				
Amount Paid:	\$	(incl GST)	Date:		Receipt No:		

Please return to: Maitland City Council PO BOX 220, Maitland NSW 2320 V.2023

ATTACHMENT A
Please provide below, a drawing of the work to be carried out in the cemetery. Please be sure to include specifications and dimensions (including monuments foundations and piers).
HEADSTONE INSCRIPTION