

Commemorative Request Request Form



This form is used to request commemorative recognition under the City of Kalamunda's Commemorative Recognition Policy. Please complete all sections and submit the form along with any required supporting documentation.

Applicant Information

Name of Applicant	
Address	
Phone	
Email	
Relationship to the Individual being Honoured	

Individual to be Recognised

Name of Individual	
Date of Birth	
Date of Passing	
Summary of Contributions to the City of Kalamunda <i>(Attach additional documentation if needed)</i>	

Type of Commemorative Recognition

Select the type of commemorative recognition being requested:

- Plaque on Existing Infrastructure
- Standalone Memorials (new park bench with commemorative plaque)
- Engraved Pavers or Bricks
- Shared Community Recognition Features
- Indoor Recognition Displays

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Proposed Location:

(Provide a specific park, reserve, or street and any relevant details)

Supporting Documentation

The following documents must be attached to your application:

- A written biography or summary of the individual's contributions.
- Any supporting materials (e.g., letters of support, historical records, or photographs).

Applicant Declaration

I, the undersigned, acknowledge that:

- The information provided in this application is true and accurate to the best of my knowledge.
- I have reviewed the City of Kalamunda's Commemorative Recognition Policy and agree to its terms.
- I understand that all costs, including installation and annual maintenance fees, are my responsibility.
- I agree that the memorial may be decommissioned after 20 years.

Signature:

Date:

OFFICE USE ONLY

Date Received		Date Assessed	
Assessment Outcome	<input type="checkbox"/> Approved <input type="checkbox"/> Declined		
Comments			