

 LOUGHTON TOWN COUNCIL

**Application – Request for a Memorial Tree / Bench**

**Applicant’s Details**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Relationship to the person for whom the tree / bench is being provided:** |  |

**Please ensure you notify the Clerk of any change in contact details.**

**Details of the Memorial Tree / Bench**

|  |  |
| --- | --- |
| **Dedicated to:** |  |
| **Association with Loughton:** |  |
| **Preferred Location:** |  |
| **Proposed Plaque Inscription:** |  |

**Declaration by the applicant.**

I declare that I have read and understood the Loughton Town Council Memorial Tree and Bench Policy.

Signed ………………………………………………………… Date ………………………………

**When completed, please send to: Town Clerk, Loughton Town Council, 1 Buckingham Court, Loughton IG10 2QZ or by email to contact@loughton-tc.gov.uk**