

## APPLICATION TO NAME COUNCIL-OWNED OR ADMINISTERED PUBLIC SPACES, STRUCTURES AND OTHER ASSETS (VOLUNTEER RECOGNITION WALKS)

This application applies to all Council-owned or administered bridges, buildings and community facilities, parks, reserves, open spaces, waterways, places and other assets within the region. This does not apply to roads, suburbs or population centres. The proposed name(s) must meet the guidelines under Council's policy of same name and if approved will be entered into the Council Asset Name Register. Click here to view the policy.

## Is this the correct application?

- Major Assets such as parks and buildings (Requires public consultation & formal council approval)
- Minor Assets such as a plaque on a plinth, bench or small garden
- ✓ Plaque installation in a volunteer recognition walk

APPLICANT DETAILS										
Title Sur	name	Given	Names							
Organisation										
Postal Address										
Suburb		State	Postcode							
Phone Number		Email								
REQUEST DETAILS										
Request Type										
New Change to existing Removal										
LOCATION DETAILS										
Location of Request (T	own)									
PLAQUE DETAILS										
Name of the person being proposed										

PO Box 21 EMERALD QLD 4720 Phone: 1300 242 686 Email:

Fax: 1300 242 687 Website: www.chrc.qld.gov.au



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SLIDDUI	RTING DO	CHM	ENTATION							
				lague in a Vo	lunteer Reco	gnition V	Valk in ack	nowle	dgement of a li	ving person mu
			en permission	-						
Permission attached Not applicable (person is deceased									is deceased)	
	If the per	rson is	deceased, are	you their ne	xt of kin?	☐ Yes	l	□ No		
	If you are	e not t	heir next of ki	n, please prov	vide contact (	details:				
			$\neg$							
	Title		Surname			Give	en Names			
	Organis	ation								
	Postal A	Addre	ss							
	Suburb		<u> </u>		State				Postcode	
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	Phone	Numb	er			mail				
_	RATION O			ve information	n is correct in a	all asnorts	at the tim	e of loc	gement of this a	annlication with
Central I	Highlands I	Region	al Council. Sho	uld any of the	details given ir	n relation	to this appl	ication	be changed in t	
applican	it shall adv	ise Cer	ntral Highlands	Regional Cound	cil in writing p	rior to any	y such chan	ge bein	g implemented.	
Signat	ure					Date				
Jigilat										
INTERN	IAL CHECK	KLIST (	to be comple	ted by CHRC (	Officers)					
Is the a	pplication	suita	ble? 🔲 Y	es	□ No					
Has the	"named"	' perso	on given perm	ission?	Yes 🗖	No				
Propose	ed GM Re	comm	nendation Dat	е						
				<u> </u>						
			Phone: 13	00 242 686	Emai	l:			∠ Cer	ntral Highlands gional Council
	PO Box	21	Fax: 1300	242 687	Webs	site: www.	.chrc.qld.gov	.au	Re	gional Council

EMERALD QLD 4720