

	Burial Ground Maintenance Grant 2025			
NAME OF BURIAL				
GROUND				
	Coun	cil Owned	Non-Council	
				✔ Please Tick
SUPPLIER NO.				
NAME OF				
COMMITTEE				
CONTACT				
PERSON				
ADDRESS				
CONTACT TEL.				
NO.				
EMAIL ADDRESS				
MUNICIDAL				
MUNICIPAL DISTRICT				
M.D. CONTACT				
PERSON				
EMAIL				
TELEPHONE	0818 06	5000		
	0010 00	5000		
BRIEF				
DESCRIPTION OF				
WORKS BEING CARRIED OUT				
SIGNATURE				
PPN NO.				
TERMS &	(1)	APPLICANTS	<b>MUST BE REGISTERED</b>	WITH THE PUBLIC
CONDITIONS		PARTICIPAT	ION NETWORK	
	(2)	SUBMIT A C	OPY OF MOST RECENT E	BANK STATEMENT
PLEASE RETURN COMPLETED FORM TO <u>YOUR MUNICIPAL</u> DISTRICT OFFICE. CLOSING DATE 14 <sup>TH</sup> MARCH 2025				
	DISTRIC	LI OFFICE. CLO	JSING DATE 14" MARC	<u>n 2025</u>
	1			