Bath & North East Somerset Council

Order no:	Fax dated:

HAYCOMBE CREMATORIUM, BATH

APPLICATION FORM FOR A ROSE TILE - 2018/19

Name and Address of Applicant

Surname: (Mr/Mrs/Miss) _____

First name(s) in full: _____

Address: _____

_____

_____

Postcode: _____

Telephone no:

Price (*Includes VAT)

£130.00

Cheque payable to Bath & North East Somerset Council

Details

Plot no: *(if applicable)* _____

Name already on stone: _____

Please tick relevant Garden / Shrubbery ✓

		Shrubbery:			
Alpine Garden	☐	25	☐	30	☐
Old Conifer Garden	☐	26	☐	31	☐
Englishcombe Garden	☐	27	☐		
Heather Garden	☐	28	☐		
New Conifer Garden	☐	29	☐		
Pergola Garden	☐				

Stone colour _____

Please note that the rose colour will match the inscription colour

Signature of Applicant _____

Date _____

PLEASE NOTE THAT THE ROSE TILE WILL BELONG TO THE APPLICANT WHO IS RESPONSIBLE FOR ITS UPKEEP AND MAINTENANCE.