



Memory Garden Plaque Order Form

Client Details:

Name: _____

Address: _____

Contact Tel No. _____

Message to Read: (up to 80 characters over 5 lines, including spaces and symbols).

Please write in block capitals and check that all spelling is correct.

.....
.....
.....
.....
.....

Select the required font:

Tahoma Times New Roman *Lucia Calligraphy*

Select a symbol and position, if required

1 2 3 4 5 6

Top Bottom Left Right



Client Signature

Payment of £10 received Yes/No cash/cheque/BACS

(Orders will not be placed until payment has been received by the Council. Cheques should be made payable to Telscombe Town Council).

(The Council are not liable for any misspellings or errors as this form will be passed directly to supplier)

FOR COUNCIL USE

Date Ordered & Details
Added to Spreadsheet
.....

Date Installed
.....

Date Resident Informed
.....

Form Scanned & Filed
.....

How the information you provide will be used

General Data Protection Regulations - Any personal information such as name, postal address, telephone number, and email address given via this website/form will only be used to provide a requested service, kept for as long as necessary to provide that service and will not be disclosed to any other third party without your prior permission or unless we are required to do so by law.