

Responsibility: Parks and Reserves Manager

P O Box 17, Paeroa Phone: 07 862 8609 or 0800 734 834 (within district)

Email: CemeteryAdmins@hauraki-dc.govt.nz

Application to Purchase an Ashes Vault Ngatea Ashes Wall

Surname:		
Given Names:		
Address:		
		Postcode:
Contact Phone No:	E-mail:	
Purchasers Signature:		Date:
Have you been a resident/ratepayer of tocontinuous period of at least 10 years	the district for at least 12 mon	ths or resided in the district for a Yes / No
The Exclusive Right of Placement certif	icate is to be posted to	Vault Owner / Applicant
Applicants Details: (If different fro	m above)	
Surname:		
Given Names:		
Address:		
		Postcode:
oontaat i none ito.	E maii.	
Applicants Signature:		Date:
Fees are to be paid in full befo	ore an Exclusive Right of Pla	acement Certificate can be issued
Vault Purchase \$	FOR OFFICE USE	
Vault Allocated	Vault Certificate No:	Date Posted:
Receipt No:	Date:	
Staff Signature/s:		
	·	
Application to Reserve an Ashes Vault – N	gatas Ashas Wall	MQ 2118305
Application to Neserve all Asiles valit - IV	IVIQ Z I 10000	

Date Issued: July 2019

Page 1 of 1