



**THE SECRETARY
ALBANY CEMETERY BOARD
P O BOX 469
ALBANY WA 6331**

**Telephone (08) 9844 7766
Facsimile (08) 9844 8016
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APPLICATION FOR RENEWAL OF GRAVESITE ALLAMBIE PARK CEMETERY

**FEES
GROUND \$1,545.00**

ORIGINAL GRANTEE:

Surname _____ Given Names: _____

Address _____

Grave Location _____ Previous Grant Number _____

Expiry Date of Previous Grant _____

NB PLEASE ATTACH A COPY OF THE ORIGINAL GRANT

NEW EXPIRY DATE WILL BE 25 YEARS FROM EXPIRY DATE OF PREVIOUS GRANT

APPLICATION MADE ON: _____

By : _____

ADDRESS OF APPLICANT: _____

4. It is acknowledged that any statutory increase in or imposition of fees levied, except for those levied under the Cemeteries Act 1986 and amendments thereto, which are outside the direct control of the Board, after the date of this agreement and relating to burial or conduct of funerals will be charged to and payable by my estate. The Applicant will be responsible for the payment of all present and future taxes, duties, assessments and outgoings whatsoever, including a goods and services, value added or similar broad based consumption tax, whether statutory or local or of any other description which may be assessed, charged or imposed on or in connection with the provision of the service and, after the date of my death, my estate will be liable for the payment of any such tax, duty, charge, assessment and/or outgoing.

SIGNATURE OF APPLICANT: _____

Details for Payment by Direct Debit

Account Name: Albany Cemetery Board Bank: BankWest
BSB 306-001 Account Number 4150350 Ref: "Surname"

Office use

RECEIVED FOR AND ON BEHALF OF THE BOARD BY:

.....on.....at.....am/pm

Application No:

New Expiry Date

Grant No:.....

G/site Number

Reg. Folio:.....

Administrator.....