COMMUNITY FUNDING PROGRAM



GRAFFITI REMOVAL FORM

Applicant name:				
ABN: (if applicable)				
Contact name:				
Telephone:			Mobile:	
Email:				<u>.</u>
Address:				
Address/location of graffiti:				
Surface type (e.g. brick, wood):				
Estimated cost of ma	aterials:			
Name of business where materials will be purchased:				
Estimated date of removal:				

DECLARATION:

I hereby acknowledge that the information provided is true and correct at the time of signing.

Signed:	Date:	

SUPPORTING DOCUMENTATION:

Please attach the following documentation to support your application:

- Signed declaration of consent from the owner of the property/infrastructure to remove the graffiti.
- Proof of registration as a Community, Not-for-profit, or Incorporated body.
- Evidence from a Palmerston business to support indicative costs for materials.

