

Crem No: .....
Receipt No:.....
Order No: .....

**MINI GRANITE MEMORIAL DESK & PLAQUE APPLICATION**

Please fill in your details below:

NAME (Mr/Mrs/Miss/Ms) .....

Address: .....

.....

Tel No: .....Date: .....

Slough Borough Council reserves the right to vary or refuse any inscription that is considered unsuitable, and supplies the plaque in accordance with the terms and conditions currently in force.

*(Cheques/Postal Orders should be made payable to Slough Borough Council)*

Please enter inscription overleaf

Signed: .....

# MINI GRANITE MEMORIAL DESK & PLAQUE APPLICATION

Please write clearly in block letters

Emblem: .....

Name lines no more than 14 letters  
Other lines no more than 18 letters/figures

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....