

Selwyn District Council

Application to Relinquish Plot

Applicant details

I/We _____ wish to relinquish my/our plot at

the _____ Cemetery back to Selwyn District Council.

Area: _____ Block: _____ Row: _____ Plot: _____
(RSA, denomination or non-denomination)

Full name: _____

Address: _____

Email: _____ Contact number: _____

Signed: _____ Date: _____

By signing I declare that the information given on this form is correct and that I am properly authorised as the plot owner.

Bank Account

Please provide a bank deposit slip or bank statement showing name, bank name and account number that the refund is to go to.

Email to: cemeteries@selwyn.govt.nz

Post to: Cemeteries Team, Selwyn District Council, PO Box 90, Rolleston 7643

Office use only

Original purchase researched Creditor voucher completed CR No. PO No. GL code

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