

# HURUNUI DISTRICT COUNCIL

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## APPLICATION FOR REFUND OR TRANSFER OF A CEMETERY PLOT

### Plot Holder Details

First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_

Postal Address : \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CEMETERY DETAILS

Cemetery: \_\_\_\_\_

Plot number: \_\_\_\_\_

Full Name of Person Plot Reserved For: \_\_\_\_\_

### PLOT REFUND – Plots are refunded for the same price they are purchased for

Bank Acc Name

Bank Acc Number

### REFUND SIGNATORY

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PLOT TRANSFER USE BELOW – STRIKE OUT IF NOT REQUIRED

### PLOT TRANSFER – DETAILS OF FAMILY MEMBER THE PLOT IS TO BE TRANSFERRED TO

First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_

Postal Address : \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**TERMS & AUTHORISATION**

I, \_\_\_\_\_, as the person applying for a plot transfer declares that all the information on this form is correct, and I confirm that ( I / We ) will be responsible for paying the provided fees and other related fees set by the Hurunui District Council.

I/we confirm that I/we accept the terms and conditions of purchase of a plot

Signature Transferer \_\_\_\_\_ Date \_\_\_\_\_

Signature Transferee \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Date received: \_\_\_\_\_

Total Refund: \$ \_\_\_\_\_

Entered on MagiQ

Paid

Refund request complete

Purchase certificate complete

**Notes for Applicants**

For any further information, please go to [www.hurunui.govt.nz](http://www.hurunui.govt.nz) and review our current bylaws and policies