



CITY OF VINCENT

**MUNICIPAL HERITAGE INVENTORY
APPLICATION FOR AMENDMENT TO MANAGEMENT CATEGORY FORM**

1.0 Instructions

It is not necessary to fill in all the information requested on this form, but all fields marked with an asterisk (*) MUST be filled in or nominations cannot be considered. To help us assess your nomination, please provide as much additional information as possible.

If you need more space, please feel free to attach additional pages, but please make sure the extra pages are securely attached to this form and have the address of the place at the top, in case the pages get separated.

2.0 Contact Details

In case we need to contact you to clarify information, please give us your contact details. This information will remain confidential and will not be used for any other purpose.

Your Name _____

Your Address _____

Daytime Phone _____

Email Address _____

3.0 The Place Being Requested Consideration for Deletion

Name of Place (if any) _____

Address / Location* _____

Suburb* _____

4.0 Supporting Evidence

With reference to the Place Record Form for the subject place, on what grounds do you think that the allocated management category is inappropriate (in your opinion)?*

(e.g.: Inaccurate statement of significance provided, unrecognised alterations and addition as to the existing significant fabric, inaccurate physical description, inaccurate historical background etc.)
