



PUBLIC SAFETY

FUNERAL ESCORT

APPLICANT: _____

ON BEHALF OF: _____

TEL: _____ ADDRESS: _____

APPLICANT FOR ASSISTANCE: FUNERAL ESCORT

DATE: _____ 20_____

PROCESSION LEAVING TIME: _____ CEMETERY: _____

PLACE (CHURCH): _____

ESCORT SUBJECT TO AVAILABILITY OF TRAFFIC OFFICERS/VEHICLES

I/WE _____ HEREBY INDEMNIFY THE COUNCIL AGAINST ANY/ALL CLAIMS WHICH MAY DIRECTLY OR INDIRECTLY RESULT FROM THE UNDERTAKING OF THE ACTIVITY /ACTIVITIES MENTIONED ABOVE.

DATE: _____ SIGNATURE: _____