

Roma Saleyards Memorial Wall

Nomination Form

Nominee Details:

Nominee name:

Association at the Roma Saleyards of the person nominated -

- | | |
|---|--|
| <input type="checkbox"/> Auctioneer | <input type="checkbox"/> Saleyard Contractor |
| <input type="checkbox"/> Livestock Agent | <input type="checkbox"/> Saleyard Worker |
| <input type="checkbox"/> Buyer | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Vendor | <input type="checkbox"/> Tour Guide |
| <input type="checkbox"/> Livestock Transport Operator | <input type="checkbox"/> Other..... |

Date of passing/...../..... Aged years

Please provide commentary of contribution to the Roma Saleyard:

.....
.....
.....
.....
.....
.....
.....[please add as attachment if more space is required]

Number of years associated with Roma Saleyards: years

Family Representative: **Contact details:**

Attachments: Y/N

Nominator Details:

I, (name) wish to nominate
..... (candidate name) to be memorialised with
a plaque to be displayed on the Roma Saleyards Memorial Wall.

Name: **Relationship to candidate:**

Phone: **Signature:**

Email: **Date:**

This signed and completed nomination form must be sent directly to the
roma.saleyards@maranoa.qld.gov.au email address or Administration Office at the Saleyards.