

MILTON CEMETERIES
43 BOMBARDIER RD
MILTON, VERMONT 05468
Phone: 802-893-4111

Work Order Permit

Original Burial Rights Holder's Name (*please print*):

Cemetery Name _____ Section _____ Row _____ Lot _____

Specific gravesite being worked on (if name is different from above): _____

REQUEST TO INSTALL

_____ FOUNDATION _____ MARKERS (grass level) _____ BENCH _____ CLEANING
_____ MEMORIAL _____ INSCRIPTIONS _____ OTHER: _____

DATE work is to be performed: _____

Installation requirements can be found in Milton's Cemetery Rules & Regulations, at www.miltonvt.gov, or by contacting the Cemetery Superintendent. Please **attach a design** of the memorial(s) and/or inscriptions.

Holder/Purchaser Signature _____ Date _____

Holder/Purchaser Name, Address & Contact Info (*please print*): _____

Relationship to original Burial Rights holder: _____

Foundations, markers, memorials, inscriptions and cleaning can be installed/performed only by a contractor with a valid **Certificate of Insurance**. A copy of the **Certificate of Insurance** must be filed with the Town Clerk before work is performed.

Contractor Company Name _____

Contractor Signature _____ Date _____

Contractor (print name) _____ Phone _____

Email Address: _____

Clerk's Office Use

Certificate of Insurance attached and on file: _____ Yes _____ No

Date Received in the Town Clerk's Office: _____ By: _____