Today's Date: _____

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_____

Town approved Corner Markers are optional for all lots or groups of lots. If needed, they can be ordered through the town, and will be set in place by the Town at the direction of the Public Works department.

Corner markers (Optional)_____Letter on Corner markers _____Date placed:_____

Holder/Purchaser Signature _____Date_____

Holder/Purchaser (print name) and address: _____

_____

Relationship to original Burial Rights holder _____

REQUEST TO INSTALL

_____ FOUNDATION _____ MARKERS (grass level) _____ INSCRIPTIONS

_____ MEMORIAL _____ CLEANING

Date work is to be preformed: _____

Foundations, markers, memorials, inscriptions and cleaning can be installed/preformed only by a contractor with a valid Certificate of Insurance. A copy of the Certificate of Insurance must be filed with the Public Works Department before work is preformed.

Memorial Dealer signature _____Date_____

Memorial Dealer (print name)_____Phone_____

Office Use

Date sent to Public Works: _____

Date filed in Public Works: _____ By: _____

Certificate of Insurance attached and on file: _____Yes _____No