

MONUMENT APPLICATION FORM

TOWN OF COALDALE

Date: _____

Company Name:	Phone:
	Fax:

Details of Application: <input type="checkbox"/> Need <input type="checkbox"/> Preneed <input type="checkbox"/> Upright <input type="checkbox"/> Upright/Wing <input type="checkbox"/> Flat <input type="checkbox"/> Pillow <input type="checkbox"/> Granite <input type="checkbox"/> Bronze	Details of Work: <input type="checkbox"/> Highlighting <input type="checkbox"/> Add Inscription <input type="checkbox"/> Replacement <input type="checkbox"/> Monument will /will not be removed <input type="checkbox"/> Other	Details of Monument Sizes: Base: Length: _____ Width: _____ Height: _____ Thickness: _____ Die: Length: _____ Width: _____ Height: _____ Thickness: _____ Vase: Length: _____ Width: _____ Height: _____ Thickness: _____
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Dealer: This application is submitted for the approval and installation or restoration of a monument, base or vase on the grave of:

Deceased: _____

Cemetery: _____

Fees & Charges: <input type="checkbox"/> Base or Border up to 36" (single) <input type="checkbox"/> Base or Border 37" to 72" (single)..... <input type="checkbox"/> Base or Border 73" to 108" (double) <input type="checkbox"/> Vase at Side <input type="checkbox"/> Administration Fee <input type="checkbox"/> Oversized Monument Fee	\$85.00 \$110.00 \$150.00 n/c \$ 60.00(no GST) \$ \$1050.00	_____ _____ _____ <input type="checkbox"/> Cheque Enclosed <input type="checkbox"/> To be Invoiced
Note: Reserved Section C ONLY allows Up to a maximum of 60"	Sub Total: _____ GST: _____ Total: _____	

Sketch of Memorial:

Complete details of inscription, floral design, location & vases, etc. to be included in sketch

I, the owner/executor/executrix of grave(s) _____, Block _____, Section _____, do hereby authorize the installation or restoration of this monument/vase.

Owner's Signature: _____

Phone: _____

Office Use: Date: _____ <input type="checkbox"/> Paid in Full Receptionist: _____	Office Use: Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Supervisor: _____
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