



## Mount Hope Cemetery – Monument Installation Request Form\*

\*NOTE: Please allow a minimum of 10 business days to process this request when placing the monument.

### Requestor/Organization

**Name:**

**Address:**

**Phone:**

**e-Mail:**

### Cemetery Lot Details

**Name:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Lot:** \_\_\_\_\_

**Single Lot** \_\_\_\_\_ **Double Lot** \_\_\_\_\_

### Flat Monument Dimensions

Width:

Length:

Depth:

### Upright Monument Dimensions

**Tablet/Monument:**

Width:

Length:

Height:

**Base:**

Width:

Length:

Height:

**Foundation/Pad:**

Width:

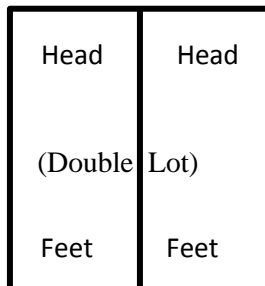
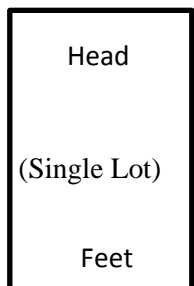
Length:

Height:

Depth:

**Names/Information as Displayed on Monument:**

**Sketch general placement of monument relative to grave site(s):**



**Planned Installation Date:** \_\_\_\_\_

\*\*Note: Monuments must be placed within 3 business days or a re-staking charge will be incurred.

I have read the City's Cemetery Ordinance and the Mount Hope Cemetery Rules and Regulations.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Reviewed and approved by the City of Carver:

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_