

# MONUMENT APPLICATION FORM

TOWN OF COALDALE

Date: \_\_\_\_\_

<b>Company Name:</b> _____	<b>Phone:</b> <b>Fax:</b>
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<b>Details of Application:</b> <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	<b>Details of Work:</b> <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	<b>Details of Monument Sizes:</b> <b>Base:</b> Length: _____ Width: _____ Height: _____ Thickness: _____ <b>Die:</b> Length: _____ Width: _____ Height: _____ Thickness: _____ <b>Vase:</b> 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:** \_\_\_\_\_

<b>Fees &amp; Charges:</b> <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	\$100.00 \$125.00 \$175.00 No Charge \$65.00(no GST ) \$1100.00	<input type="checkbox"/> Cheque Enclosed <input type="checkbox"/> To be Invoiced
<b>Note: Reserved Section C ONLY allows Up to a maximum of 60"</b>	<b>Sub Total:</b> _____ <b>GST:</b> _____ <b>Total:</b> _____	

**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:** \_\_\_\_\_

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