

PERMIT TO ERECT MEMORIAL WORK



PERMIT FEE: \$50.00

We, _____ hereby request to erect the following memorial work:
Monument Company

_____ Hillside Cemetery	
SECTION: _____	ROW: _____ LOT: _____ SPACE/S: _____
_____ Catholic Cemetery	_____ Lutheran Cemetery
SECTION: _____	ROW: _____ BLOCK: _____ LOT: _____ SPACE/S: _____

Name of Lot Owner: _____

MARKER:

Single _____ x _____ x _____

Border Size _____ x _____ x _____

Double _____ x _____ x _____

Border Size _____ x _____ x _____

Triple _____ x _____ x _____

Border Size _____ x _____ x _____

MONUMENT:

Size _____ x _____ x _____

Base _____ x _____ x _____

Border _____ inches

COMMENTS:

NOTE: No monument, marker or other memorial may be erected on any lot until said lot is paid for in full AND this permit fee has been paid. Designs and specifications must be submitted to the cemetery sexton for approval before any monument, marker or memorial is installed. This includes placement of ashes into a monument or marker. Please call the cemetery office at 715-486-2098 with any questions. Check can be made payable to "City of Marshfield" and dropped off at Hillside Cemetery office or mailed to Hillside Cemetery, 211 E. 2nd Street, Marshfield, WI 54449.

Requested By _____
Memorialist

Date Requested ____/____/____

Approved _____
Hillside Cemetery Sexton

Date Approved ____/____/____