

SCHEDULE 'E'

TOWNSHIP OF EMO

REQUEST FOR INSTALLATION OF MONUMENT

(Name of Person or Company)

Name of Interment Rights Owner

(Address)

(Address)

Telephone No.

Telephone No.

e-mail address

e-mail address

Block/Plot No. _____ Lot/Grave No. _____

Name of Deceased _____

Monument: Upright _____ Sloped _____ Raised _____ Flat _____

Dimensions of die: Height _____ Width _____ Depth _____

Dimensions of base: Height _____ Width _____ Depth _____

Overall size including base: Height _____ Width _____ Depth _____

Description (including colour and design)

Payment of the Care and Maintenance Fees must accompany the memorial.

Date: _____

Signature

OFFICE USE ONLY

Approved _____

Denied _____

Reason for denial _____

Date _____

Clerk

MONUMENTS	Fee	C & M	TOTAL
FLAT MARKER - less than 173 sq. inches	\$100.00		\$100.00 + HST
FLAT MARKER - 173 sq. Inches or more	\$50.00	\$100.00	\$150.00 + HST
UPRIGHT MONUMENTS - up to 4 ft in height or width	\$100.00	\$200.00	\$300.00 + HST
UPRIGHT MONUMENTS - over 4 ft in height or width	\$50.00	\$400.00	\$450.00 + HST