



HEADSTONE PLACEMENT APPLICATION FORM

Name on Headstone: _____

Upright / Sloped Monument Flat Marker

Cemetery: Atikokan Little Falls Old Atikokan Plot No. _____

Headstone Base Measurement: _____

Headstone Supplier: _____

Suppliers Address: _____

Telephone: _____ Delivery Date: _____

Please attach a drawing with dimensions and inscription to appear on monument or marker.

FEES

Foundation Preparation: \$ _____

Care & Maintenance: \$ _____

HST: \$ _____

TOTAL: \$ _____ Receipt No. _____

Should the above request be accepted I agree to:

- Furnish the Town of Atikokan representative a description of the headstone to be erected prior to its arrival, so that a base for said stone may be constructed to proper specifications.
- Absolve the Atikokan Cemetery Board, its employees, and its agents from any claim whatsoever in relation to or as a result of work done in connection with preparing any base or erecting any headstone, save and except in the case of gross negligence.

Dated this _____ day of _____ 20____.

Applicant Name (print): _____

Applicant Signature: _____

Office use only

Completed by (print): _____

Signature: _____ Date: _____