



CEMETERY MEMORIAL PERMIT REQUEST

DATE OF PERMIT REQUEST:		
COMPANY:		
NAME OF CONTACT:		TELEPHONE:
BILLING ADDRESS:		
TOWN/CITY:	PROVINCE:	POSTAL CODE:
NAME OF DECEASED OR PERSON FOR WHOM THE MEMORIAL IS REQUIRED:	PROPOSED INSTALLATION DATE:	
STRATHMORE CEMETERY PLOT ADDRESS:		
SECTION:	BLOCK:	PLOT:
PROPOSED MONUMENT SIZE:		
MISCELLANEOUS DETAILS:		

INVOICE DETAILS - FOR ACCOUNTING USE			
PERMIT FOR A MONUMENT (\$20 G.S.T. Exempt)	1-56-01-521-00	\$ 20	00
TOTAL AMOUNT:		\$ 20	00

TOS 1012 (04/12)