



## 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:		
<b>SECTION:</b>	<b>BLOCK:</b>	<b>PLOT:</b>
PROPOSED MONUMENT SIZE:		
MISCELLANEOUS DETAILS:		

INVOICE DETAILS - FOR ACCOUNTING USE			
<b>PERMIT FOR A MONUMENT (\$50 G.S.T. Exempt)</b>	<b>1-56-01-521-00</b>	\$ 50	<b>00</b>
<b>TOTAL AMOUNT:</b>		\$ 50	<b>00</b>