



File: _____

Monument Permit

Application Date: _____ Placement Date: _____
Applicant Name: _____ Deceased's Date: _____
Mailing Address: _____ _____
Contact Number: _____ Email: _____
 Plot Location: Phase _____ Section _____ Plot Number _____
Foundation Size: Length _____ Width _____ Height _____
Monument Size: Length _____ Width _____ Height _____
*Sketch to be Attached
Inscription: _____ _____ _____ _____
Note: Applicant shall have the siting of the headstone approved by the Town's representative prior to installation. The Town of Inuvik assumes neither liability nor responsibility for loss or damage of, or to, foundation or monument or part thereof, or any article of any description placed on the subject lot.
<u>For Office Use Only</u>
Approved By: _____ Date: _____
Amend: _____ Date: _____
Special Instructions: _____ _____ _____ _____