

SCHEDULE "C-2"

BURIAL PLOT RESERVATION PERMIT
BY-LAW #2047/H&S/02

Plot Reserved for:		
Name		
Mailing Address		
Phone:	Home _____	Work _____ Fax _____

Contact Person for the Above:		
Name		
Mailing Address		
Phone:	Home _____	Work _____ Fax _____

Plot Reserved:		
Row:	Plot:	Grave:

I, _____, of _____			
Name	Address		
Phone:	Home _____	Work _____	Fax _____
have requested the reservation of the above plot for _____			
NAME OF DECEASED			

SIGNATURE - WITNESS

SIGNATURE - TOWN OF INUVIK

Date of Reservation:	_____
Date Payment Received:	_____
Receipt Number:	_____
Initials:	_____