

Mail Complete Applications to: City of Prince Albert, Attention: Community Services, 1084 Central Avenue, Prince Albert, SK S6V 7P3
Or Fax to: (306) 953-4915 Or email to: csd@citypa.com

Pursuant to the provisions of Bylaw No. 30 of 2019

Contact Information

Company	Telephone
Address	Email Address

Hereby make application to erect, replace and/or remove a monument on the grave of

Name	Plot No.
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SPECIFICATIONS

Monument Size	Length	Width	Height
Base Size	Length	Width	Height
Foundation Size	Length	Width	Height

TYPE

Single <input type="checkbox"/>	Double <input type="checkbox"/>	Common/Indigent <input type="checkbox"/>	Flat <input type="checkbox"/>	Foot <input type="checkbox"/>	Pillow <input type="checkbox"/>	Upright <input type="checkbox"/>	Child <input type="checkbox"/>	DVA <input type="checkbox"/>
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Other Information: _____

I agree to construct and maintain this monument in accordance with all regulations of the City of Prince Albert.

Applicant Signature: _____ **Date:** _____

COST (Office Use Only: Taxes are included in prices)

Should a person choose to install a Monument on an indigent person or Common Plot, and the plot has no previous monument, they will be responsible for paying fifteen percent (15%) of the current Plot fee and the Monument Permit Fee as set out in the Cemetery Regulations. The Monument must meet Monument specifications and provide equal space for the names of all individuals interred within the Common Plot.

Monument Permit	\$ _____	<input type="checkbox"/> Invoiced	Date: _____	Invoice #: _____
Indigent Plot Fee	\$ _____	<input type="checkbox"/> Paid	Date: _____	Receipt #: _____
Total	\$ _____	<input type="checkbox"/> Cash/Debit	<input type="checkbox"/> Chq #:	_____

Monument installation may proceed when the below has been approved by the Cemetery Forman and Director of Community Services or Designate.

For a quicker response, please provide an email address above where the approved application can be forwarded onto

Approved by: _____ **Date:** _____
Cemetery Supervisor

Approved by: _____ **Date:** _____
Director of Community Services or Designate

Monument Installed, checked and found to be in order:

Cemetery Supervisor: _____	Date: _____
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