

FOR OFFICE USE ONLY

Date (m/d/y): _____ Time: _____

Attachment #3

Post inspection by Public Works: _____

GENERAL INFORMATION

Cemetery: Onoway Municipal Cemetery Fern Valley Protestant Cemetery

Date (m/d/y): _____ Time: _____ Block: _____ Plot: _____

Cemetery Agreement signed (if applicable): Yes No

Full name of Contractor or Agent: _____

Full name of Representative (if applicable): _____

Type of work to be performed: _____

Indicate weather conditions: _____

Vehicle make: _____ Model: _____ Colour: _____ License plate: _____

Name of Applicant: _____ Signature: _____

County Representative: _____ Signature: _____

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