

FOR OFFICE USE ONLY

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

Attachment #4

Please note that monument installation MUST be confirmed with Lac Ste. Anne County prior to the date of installation, as the County must ensure there will be no conflicting events at the time of installation.

GENERAL INFORMATION

Name of Monument company: _____

Contractor Agreement submitted and approved by Lac Ste. Anne County Administration: Yes No

Full name of Applicant: _____

Full name of Deceased: _____

Cemetery: Onoway Municipal Cemetery Fern Valley Protestant Cemetery

Location of section : _____ Plot: _____ Flat Pillow Upright

Monument size: _____ Application date (m/d/y): _____ Estimated placement date (m/d/y): _____

Name of Applicant: _____ Signature: _____

County Representative: _____ Signature: _____

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