

Town of Hardisty

Cemetery Work Order Form

Please return to Town of Hardisty, Box 10 Hardisty, AB TOB 1V0, Email: payments@hardisty.ca, or Fax: 780-888-2200

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Company Name:					.,	16.01011				
Mailing Address:					City/ Prov.				Postal Code	
Telephone No.:			Fax No.:					E-mail:		
								1		
			Wo	rk B	Being Don	e For				
Last Name:			First Name:							
Mailing Address:					City/ Prov.				Postal Code	
Telephone No.:			Fax No.:				E-mail:			
	-							<u> </u>		
					Details					
Start Date of Work:					End Date of Work:					
Description of Work to be	Done:				1					
If installing headstone: Headstone What are the measurements:					Base:	Foundation		Foundation:	tion:	
		1								
			P	lot	Informat	ion				
Name of Deceased:										
Burial Location Section:			Lot:		Plot:		Plot:			
			(Offic	e Use ON	JLY				
Approved by:										
Additional Notes:										
Not Approved by:										
Reason for Non-Approval:										
Additional Notes: Not Approved by:										