

PERRY TOWNSHIP CEMETERY FOUNDATION REQUEST

P.O. BOX 65; Perry, OH 44081

Phone: (440) 259-5140 Fax: (440) 259-5143

Monument Company _____

Address _____

Phone _____ Fax _____

Purchaser's Name _____

Address _____ Phone _____

Location of Monument: Perry Center Road _____ Perry South Ridge _____ (Check one)

Division _____ Lot _____ Grave(s) _____

Monument type: Slant _____ Baby _____ Hickey _____ Flush _____
(Check one) Monument _____ Veterans _____ Other _____

Monument Size: Length _____ Width _____ Height _____

Base Size: Length _____ Width _____ Height _____

Monument color: Black _____ Rose _____ Gray _____ White _____
(Check one) Pink _____ Brown _____ Other _____

Foundation size: Length _____ Width _____

Additional comments: _____

(SKETCH - Please show dimensions & name placement)

Approved: _____ Unapproved: _____ (See comments)

Comments: _____

(Please resubmit when deficiencies are corrected.)

Received Date: _____ Processed/Returned Date: _____

Signature: _____ Title: _____

Foundation Pour Scheduled _____ (weather permitting)

OFFICE MUST BE NOTIFIED PRIOR TO MONUMENT DELIVERY (440-259-5140)