

CITY OF VERO BEACH CRESTLAWN CEMETERY MARKER APPLICATION

THIS APPLICATION MUST BE APPROVED BEFORE MAKING AND INSTALLING MARKER.

FOR MONUMENT COMPANY TO COMPLETE:

NAME OF COMPANY _____

ADDRESS _____

COMPANY REPRESENTATIVE _____

FAX & PHONE NUMBER _____

NAME OF PERSON PURCHASING MARKER _____

SIZE OF PROPOSED MARKER (base and die) _____

VERTICAL _____ FLAT _____ UPRIGHT SLANT _____ VETERAN'S MARKER _____

NAME(S) &/OR DATE(S) FOR PROPOSED MARKER:

Incomplete applications will not be approved and will delay installation.

FAX COMPLETED FORM TO:

Nanette Haynes, Public Works Department, Fax (772) 978-4859 Phone (772) 978-4860

CITY OF VERO BEACH TO COMPLETE:

LEGAL DESCRIPTION OF PROPERTY:

SECTION: _____ BLOCK: _____ LOT: _____ SPACE: _____

SQUARE FEET OF PROPERTY OWNED _____

CHECKED BY (CLERK) _____ DATE _____

CEMETERY GROUP LEADER – APPROVE AS TO CONFORMING TO CEMETERY ORDINANCE:

SIGNATURE _____ DATE _____

APPROVAL BY PUBLIC WORKS: _____ DATE _____

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