

PLOVER CEMETERY

REQUEST FOR PURCHASE OF LOTS WITHIN PLOVER CEMETERY

LOT OWNER NAME: _____

LOT OWNER ADDRESS: _____

CONTACT PHONE NUMBER: _____

CONTACT NAME (if different from owner): _____

LOT DESCRIPTION: LOT # _____ BLOCK # _____ BURIAL NAME _____

LOT # _____ BLOCK # _____ BURIAL NAME _____

LOT # _____ BLOCK # _____ BURIAL NAME _____

LOT # _____ BLOCK # _____ BURIAL NAME _____

DATE OF PURCHASE OF LOT(S): _____

ORIGINAL PURCHASER: _____

FEE PAID: \$ _____ TOTAL LOTS @: \$ _____ RECEIPT # _____

DATE FEE PAID: _____

RECEIVED BY: _____

SIGNATURE OF PURCHASER

PLEASE NOTIFY THE VILLAGE OF PLOVER IS THERE ARE ANY CHANGES TO THE INFORMATION ON THIS FORM. THANK YOU.

COPY TO: DEBBIE S, BRENDA, BONNIE

ORIGINAL – VILLAGE OF PLOVER (RECEIPT BOOK)	CARBON COPY – PURCHASER OF LOTS
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