

PLOT OWNER INFORMATION

SECTION	PLOT	LOT
NAME OF DECEASED		
NAME OF PLOT OWNER/EXECUTOR/PURCHASER		
ADDRESS		PHONE #
OWNER/EXECUTOR/PURCHASER SIGNATURE		DATE (YYYY/MM/DD)
By signing this application, the Owner/Executor is authorizing the installation of the monument/ marker on the aforementioned plot is in accordance with the requirements of the Town of Blackfalds Cemetery Bylaw 1313/24 and its amendments.		

COMPANY REQUESTING PERMIT

COMPANY NAME		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
NAME OF COMPANY REPRESENTATIVE		PHONE #

Personal information provided on this form will be used solely for issuance of permits for monument placement in cemeteries owned by the Town of Blackfalds. This information is collected under the authority of Section 4(c) of the *Protection of Privacy Act* and will be protected under Part 1 of the Act. Questions regarding the collection and/or use of this information may be directed to the Information Governance Coordinator at access@blackfalds.ca or by phone at 403.885.6370.



COMPANY REQUESTING PERMIT CONTINUED..

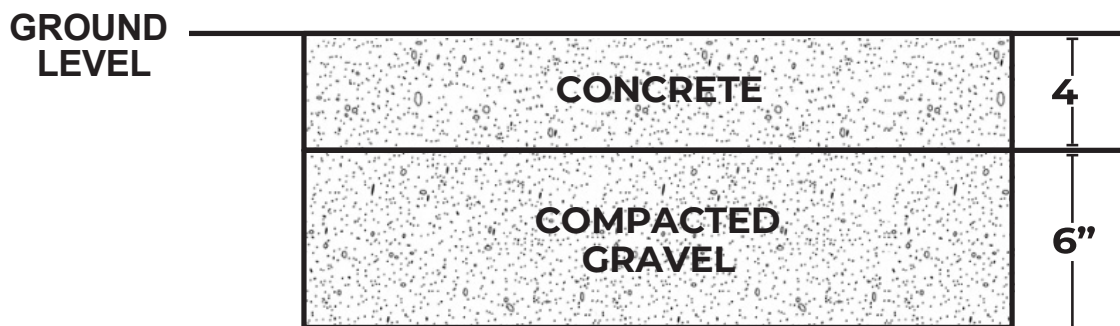
COMPANY REPRESENTATIVE SIGNATURE	DATE (YYYY/MM/DD)
DO YOU HAVE A VALID TOWN OF BLACKFALDS BUSINESS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please enclose License Fee)	

CERTIFICATION OF INSTALLATION

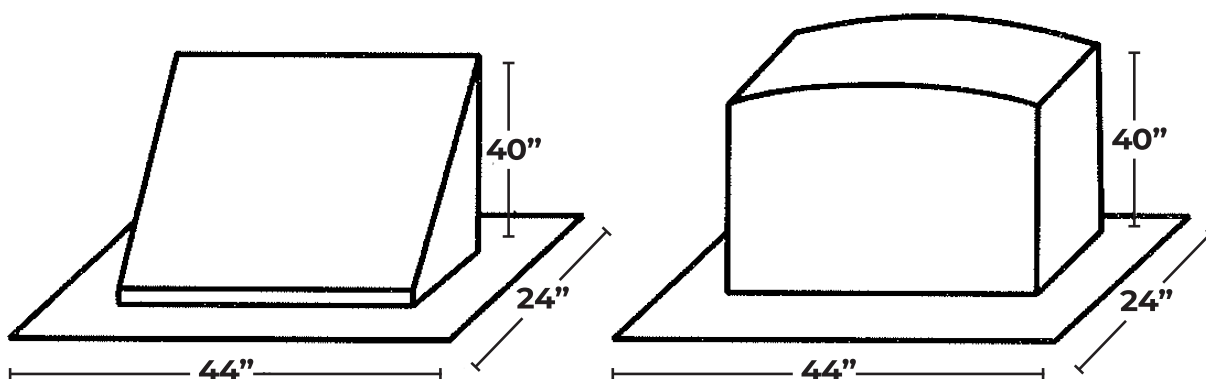
INSTALLER NAME	
ADDRESS	PHONE #
INSTALLER SIGNATURE	DATE (YYYY/MM/DD)
By signing this application, the Installer certifies that the installation of the monument/marker on the aforementioned plot is in accordance with the requirements of the Town of Blackfalds Cemetery Bylaw 1313/24 and its amendments.	

Please return this permit to the Town of Blackfalds following certification of installation.

Concrete Foundations Required for Mounting Upright Monuments and Flat Markers



Upright Monuments Specifications



Flat Marker Specifications

