



OLDS CEMETERY – MONUMENT INSTALLATION PERMIT

3501 70 Avenue
Olds, Alberta T4H 1L7
Phone: 403-507-4811
cemetery@olds.ca

You are required to send a proof of the monument to cemetery@olds.ca

Name(s) on Monument: _____

Date: _____

Monument Company: _____

Address: _____

Phone: _____ Fax: _____

TOWN OF OLDS BUSINESS LICENSE NUMBER: _____

DIMENSIONS OF MONUMENT:

MATERIAL: Granite Bronze Other _____

MONUMENT TYPE: Flat Upright Single Double

MONUMENT PLACEMENT: Single Grave Double Grave Other

SIZE(S): MONUMENT: Width _____ Depth _____ Height _____

BASE: Width _____ Depth _____ Height _____

FOUNDATION: Width _____ Depth _____ Height _____

TYPE OF FOUNDATION: Granite Concrete

CEMENT RUNNER ALREADY ON PLOT: Yes No

Total Combined Dimensions: Width _____ Depth _____ Height _____

LOCATION: Block: _____ Plot: _____ Lot: _____

Cost: \$50

Invoice to: _____

Given to Accounts Receivable: _____

Monument Meets By-Law Requirements: Yes No

Town of Olds Approval: _____

Date: _____