

HORSE CAVE MUNICIPAL CEMETERY
FOUNDATION PERMIT

Main Street _____ Guthrie Street _____ Sec. _____ Lot _____

Date _____ Fee Submitted For This Service \$ _____ (Due In Advance)

(Check One) Lawn Level Marker _____ Monument _____ Other _____

(Check One) Install at Head of Grave _____ Install at Foot of Grave _____

(Check One) Single _____ Double _____ Triple _____ Other _____

Size of Foundation (in inches) _____ Long _____ Wide

DRAW MEMORIAL BELOW SHOWING SIZES, NAMES, DATES AND DESIGN
AS THEY WILL APPEAR.

Notes and Comments _____

Monument Company _____ Phone _____

Address _____

Lot Owner (Purchaser) _____ Phone _____

Address _____