



TOWN OF BURLINGTON

DEPARTMENT OF PUBLIC WORKS

Cemeteries Division

(Please check one)

PINE HAVEN CEMTERY _____

CHESTNUT HILL CEMETERY _____

MONUMENT WORK ORDER

Monument Company: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone #: _____

Check #: _____ Work Order # _____

Deceased Name: _____

Deed Owner is requested to execute the following work order:

Section: _____ All Lot Numbers: _____

Foundation Size: _____

Upright: _____ Flat Markers: _____

Foundation on what Lots: _____

Foundation to be left down: _____

Deed Owner: _____

Signature: _____

ALL INFORMATION MUST BE FILLED OUT OR WE WILL NOT ACCEPT WORK ORDER

If buyer is not Deed Owner, the following information must be obtained

Name: _____ Signature: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone #: _____

No orders will be accepted by telephone. Foundations will be constructed by cemetery personnel only. Cemetery personnel will not be responsible for wrong information. NO Foundations will be set between November 1st and April 15th, or if the ground is covered with snow and ice. All companies **MUST** report to the cemetery office before the start of work. No Saturday, Sunday, or Holiday installations. No exceptions to be made.

PLEASE PUT SKETCH ON BACK OF THIS SHEET

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