

TOWN of ESSEX CEMETERY COMMISSION
MOUNTAIN VIEW CEMETERY
81 Main Street
Essex Junction VT 05452
clerk@essex.org

WORK ORDER PERMIT

Work Order Permits must be received by the Town and approved before any work is started.

All outside workers must have certificates of insurance on file with the Town of Essex. Inclement weather may necessitate rescheduling in accordance with the Rules and Regulations of the Essex Mountain View Cemetery.

Business Name _____
(please print)

NAME OF DECEASED: _____

CEMETERY SECTION

___ Mt Mansfield: Avenue ___ Lot # ___ Columbarium _____

___ Sterling: Avenue ___ Lot# _____

___ Camel's Hump: Lot # _____

___ Corner Marker Letter (if installed): _____

REQUEST TO INSTALL

___ **Corner Markers** have been ___, have not been ___, will be ___ installed as required.

___ **Foundation** as required by the Rules and Regulations of the Mountain View Cemetery.

___ **Markers** grass level. Sketch and description attached.

___ **Monuments** on required foundations. Sketch, dimensions, and exact location on lot or group of lots attached.

___ **Inscriptions, Cleaning, Other.** Sketch and information attached.

Fran Kinghorn (Cemetery Commission Chair) 318-6108

Bob Covey (Sexton) 363-3859

GUARANTEES

___ The undersigned monument dealer guarantees that this monument is made of first quality marble or other natural stone throughout, which will be free from sap and other components which cause rust stains and which will be free from natural faults which might cause checks and cracks.

___ The undersigned monument dealer guarantees that should any faults develop in said monumental work or any part thereof, due to material or manufacture or to setting by memorial dealer within ten ___, five ___, other ___ years from date of setting, the defective work will be replaced by the memorial dealer within nine months after his or her heirs, or by the Town of Essex, or any officer commission or department thereof.

I request the above work be approved and scheduled.

Date: _____ Monument dealer _____ (sign)
_____ (print)

Address _____

Telephone _____

ADDITIONAL REQUESTS Explain additional request and attach to work order permit. Such requests must be approved and scheduled.

AUTHORIZATION *Certificate of Burial Rights Holder / Monument Purchaser*

I have read the foregoing order and agreement. You are hereby authorized to schedule said Monument Dealer to execute the above work in accordance with this form and the attached Information. I understand that the installment of any work is subject to the Rules and Regulations of the Mountain View Cemetery. The Cemetery Commission and Sexton will be held harmless for misplacement of monuments and/or markings of any type or foundations due to erroneous or incomplete information supplied by the lot owner/purchaser.

Date: _____
Lot Owner / Purchaser: _____ (sign)
_____ (print)

Address _____

Telephone _____

AUTHORIZATION for INSTALLATION: *Town of Essex Cemetery Commission*

	Date	Initials
Corner Markers _____	_____	_____
Foundation _____	_____	_____
Monument _____	_____	_____
Inscription, Cleaning, Other _____	_____	_____

Conditions or Specifications

