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# NEEDLE POINT GARDENS / WENDOVER CITY CEMETERY PLOT APPLICATION

**Date:** _____ **Receipt No.:** _____

## *BUYER INFORMATION*

**Name:** _____ **Phone:** _____

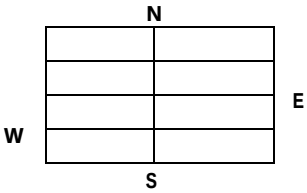
**Physical Address:** _____
(CITY) (STATE)

**Mailing Address:** _____
(CITY) (STATE)

## *PLOT INFORMATION*

**Grave Location:** **Block:** _____ **Plat:** _____ **Lot:** _____ **Space:** _____

**Record Page:** _____ **Book:** _____




## *PAYMENT INFORMATION*

**Lot Fee: $ 150.00** ❑ Cash ❑ Check #_____ ❑ Credit Card

By signing below, I hereby agree that the information provided above is true and correct and agree to abide by Ordinance 2013-05, an ordinance providing for the organization, control, and maintenance of facilities and services at the Wendover City Cemetery.

_____ _____
*Signature* *Date*