920 E. WENDOVER BLVD.,
P.O. BOX 430
WENDOVER, UT 84083

PHONE: (435) 665-7771
FAX: (435) 665-2523
WWW.WENDOVERCITYUTAH.COM

GRAVE SITE ALTERATION FORM

_____
Date

Name: _____

Mailing Address: _____

_____
City State Zip

Phone: _____ **Other:** _____

Name on Head Stone: _____

Description of Alterations at Grave Site:

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____
Approval of City Utility Worker Date

_____ _____
City Representative Approval Date