



Office Use Only Received: _____ Approved: _____
--

SHERIDAN MUNICIPAL CEMETERY MONUMENT LOCATION REQUEST

DATE OF REQUEST: _____

MONUMENT COMPANY/FUNERAL HOME: _____

PRIMARY CONTACT: _____

CONTACT PHONE: _____

PLOT LOCATION: _____

MONUMENT DESCRIPTION: _____

MONUMENT SIZE: _____

PLOT OWNER: _____

DATE TO BE MARKED: _____

**PLEASE ALLOW TWO BUSINESS DAYS NOTICE FROM DATE OF REQUEST*

DATE OF INSTALLATION: _____

**MONUMENT MUST BE INSTALLED WITHIN TWO BUSINESS DAYS OF MARKING*

Please email completed form to jmorgan@sheridanwy.gov