# *City of White House*

Hillcrest Municipal Cemetery Division
105 College Street, White House, TN 37188
Phone: 615.672.4350 x.2114; Fax: 615.616.1057

**Ashley Smith**
Director
**Linda Brooks**
Office Administrator


## MONUMENT FOUNDATION REQUEST FORM

Seller's Name: _____ Telephone No. _____

Seller's Address: _____

Buyer's Name: _____Telephone No. _____

Buyer's Address: _____

Lot Owner's Name: _____

Name of Deceased (if any) _____ Date of Interment_____

Section (example: A1, B2, C3) _____Row no. _____

Plot no. _____ Space no. _____

Type of Marker: ☐ Head Stone ☐ Foot Stone ☐ Family Monument

Marker is for: ☐ Single Grave ☐ Double Grave ☐ Multiple Graves

Type of marker: ☐ Flush ☐ Upright on a base

Size of Base: Width (inches) _____ x Length (inches) _____ = Square Inches_____

Foundation Fee is 25¢ per Sq. In. Total enclosed amount $_____

Please attach a check to this application for the foundation fee, payable to City of White House – Hillcrest Cemetery, and return to 105 College Street, White House, TN 37188. Please allow at least 10 days before expected delivery date for the foundation to be completed.

Expected date of delivery_____

Comments: _____
_____
_____

Date: _____ Buyer's Signature: _____