

Town of Wiscasset

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REQUEST FOR PERMISSION TO PLACE MEMORIAL

DATE: _____

CEMETERY: _____

MONUMENT: _____

MARKER: _____

LOT OWNER: _____

LOT LOCATION: _____

MEMORIAL COMPANY/FUNERAL HOME: _____
(Name, contact person & phone number)

REMARKS: _____

ROAD COMMISSIONER'S APPROVAL:

_____ Date _____

Please return to: Wiscasset Town Office
Cemetery / *Accocents Payable*
51 Bath Road
Wiscasset ME 04578