



# TOWN OF WESTLAKE I.O.O.F. CEMETERY

## Marker/Monument/Decoration Approval Form

<b>Name:</b>	
<b>Address:</b>	
<b>City/State/Zip:</b>	
<b>Home Phone:</b>	
<b>Cell Phone:</b>	
<b>Email:</b>	
<b>Name of Deceased:</b>	
<b>Plot Location(s)</b>	<b>Section:</b> ____ <b>Row:</b> ____ <b>Spaces:</b> ____ ____ ____ ____ ____

Brief Description of Monument/Marker and/or Decoration:

---

---

---

---

---

---

---

(Please provide a simple sketch on the reverse side of this paper.)

Approved by:

---

Date:

---