

HILLSIDE CEMETERY  
 Phone: 403.529.8387

# MONUMENT AND COLUMBARIUM ENGRAVING PERMIT



Email: [cemetery@medicinehat.ca](mailto:cemetery@medicinehat.ca)

FOR FULL DESCRIPTION OF MONUMENT GUIDELINES, PLEASE VISIT:

[https://www.medicinehat.ca/en/parks-recreation-and-culture/resources/Documents/Hillside\\_Cemetery\\_Monument\\_Guidelines.pdf](https://www.medicinehat.ca/en/parks-recreation-and-culture/resources/Documents/Hillside_Cemetery_Monument_Guidelines.pdf)

DATE: \_\_\_\_\_

NAME OF COMPANY/PERSON: \_\_\_\_\_

IS GIVEN PERMISSION TO:

CHECK ONE:

- INSTALL A MONUMENT**
- ENGRAVE A COLUMBARIUM NICHE**
- MAKE ALTERATIONS TO A MONUMENT ON SITE (NO PERMIT FEE)**
- REMOVE A MONUMENT FOR ALTERATIONS (NO PERMIT FEE)**
- PURCHASE A FOUNDATION (NO PERMIT FEE)**

CHECK ONE:

- WHICH CONFORMS TO THE HILLSIDE CEMETERY MONUMENT REGULATIONS**
- THE DESIGN OF WHICH HAS BEEN APPROVED BY THE CITY OF MEDICINE HAT**

LOCATION: SECTION: \_\_\_\_\_ BLOCK: \_\_\_\_\_ PLOT/LOT: \_\_\_\_\_ DIRECTION/LEVEL: \_\_\_\_\_

SPECIFICATION OF MONUMENT:

TYPE: \_\_\_\_\_ MATERIAL: \_\_\_\_\_ LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

BASE (IF APPLICABLE): MATERIAL: \_\_\_\_\_ LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

SPECIFICATION OF FOUNDATION:

LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ TOTAL SURFACE AREA: \_\_\_\_\_ GRANITE: \_\_\_\_\_ CONCRETE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Pursuant to s. 33 (c) of the Freedom of Information and the Protection of Privacy Act, the personal information collected on this form is for the purpose of an operating program or activity of the City of Medicine Hat. The City of Medicine Hat must collect personal information directly from the individual that the information is about unless another method of collection is authorized by the individual or by an enactment of Alberta or Canada. The personal information provided will be protected under Part 2 of the Freedom of Information and the Protection of Privacy Act and will be used for processing your application.

Questions regarding the collection and use of personal information can be directed to the FOIPP Head of Local Body at 403 529 8234.

PERMIT FEE (NO GST) \$ \_\_\_\_\_

FOUNDATION COST \$ \_\_\_\_\_

GST \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**TERMS OF CONTRACT**

The undersigned, as evidenced by their signature, hereby contracts with the City of Medicine Hat for the provision of the above cemetery supplies and services and agrees to pay all amounts specified in this contract and any further amounts payable pursuant to The Cemeteries Bylaw No. 3121, to the City of Medicine Hat. The undersigned agrees to pay interest at a rate of 1.5% per month (18% per year) on all amounts unpaid after 30 days from the date of the purchaser's signature as set out below. The undersigned acknowledges and agrees that this contract is subject to the provisions of Bylaw No. 3121, as amended from time to time.

NAME OF PURCHASER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF INTERMENT RIGHT HOLDER: \_\_\_\_\_ YEAR: \_\_\_\_\_

MONUMENT COMPANY NAME: \_\_\_\_\_

SIGNATURE OF MONUMENT MASON/PURCHASER: \_\_\_\_\_ DATE: \_\_\_\_\_

CITY OF MEDICINE HAT AUTHORIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_