

CONTRACT FOR RESERVATION

DATE: _____

LOCATION: SECTION: _____ BLOCK: _____ PLOT/LOT: _____ DIRECTION/LEVEL: _____

1) NAME: _____ PHONE: _____
ADDRESS: _____

2) NAME: _____ PHONE: _____
ADDRESS: _____

3) NAME: _____ PHONE: _____
ADDRESS: _____

4) NAME: _____ PHONE: _____
ADDRESS: _____

REMARKS: _____

FUNERAL HOME:	INTERMENT RIGHTS/PERPETUAL CARE FEE: \$ _____
COOK SOUTHLAND	GST: \$ _____
GRACE MEMORIAL	TOTAL: \$ _____
PATTISON	
SAAMIS MEMORIAL	
NONE	
OTHER: _____	

SEND INVOICE TO FUNERAL HOME? YES _ NO _

RIGHT TO CANCEL BY PURCHASER

The purchaser may cancel this contract without charge or penalty at any time during the period from the day you enter into the contract until 30 days after you receive a copy of the contract. If you cancel at any time after 30 days you will have to pay for the interment space and for any cemetery supplies and cemetery services that have already been supplied, performed or delivered, as the case may be. If you cancel this contract, the seller has 15 days to refund any money you are owed. To cancel, you must give notice of cancellation in writing to the attention of Hillside Cemetery c/o the City of Medicine Hat, 580 – 1st Street SE, Medicine Hat, AB, T1A 8E6. Notice of cancellation should be given by a method that will allow you to prove that you gave notice, such as registered mail, fax, courier or by personal delivery.

RESALE OF INTERMENT SPACE

The City of Medicine Hat will not allow you to resell your interment rights on the open market. After the 30-day penalty-free time limit the City will purchase the interment rights from you at 85% of the market value at the date of buy back.

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: _____

SIGNATURE OF PURCHASER: _____ DATE: _____

CITY OF MEDICINE HAT AUTHORIZATION: _____ DATE: _____