

TOWN of ESSEX CEMETERY COMMISSION  
MOUNTAIN VIEW CEMETERY  
81 Main Street  
Essex Junction VT 05452  
clerk@essex.org

WORK ORDER PERMIT

Work Order Permits must be received by the Town and approved before any work is started.  
All outside workers must have certificates of insurance on file with the Town of Essex. Inclement weather may necessitate rescheduling in accordance with the Rules and Regulations of the Essex Mountain View Cemetery.

Business Name \_\_\_\_\_  
(please print)

NAME OF LOT OWNER: \_\_\_\_\_

CEMETERY SECTION

\_\_\_ Mt Mansfield: Avenue \_\_\_ Lot # \_\_\_ Columbarium \_\_\_  
\_\_\_ Sterling: Avenue \_\_\_ Lot# \_\_\_  
\_\_\_ Camel's Hump: Lot # \_\_\_  
\_\_\_ Corner Marker Letter (if installed): \_\_\_\_\_

REQUEST TO INSTALL

- \_\_\_ **Corner Markers** have been \_\_\_, have not been \_\_\_, will be \_\_\_ installed as required.
- \_\_\_ **Foundation** as required by the Rules and Regulations of the Mountain View Cemetery.
- \_\_\_ **Markers** grass level. Sketch and description attached.
- \_\_\_ **Monuments** on required foundations. Sketch, dimensions, and exact location on lot or group of lots attached.
- \_\_\_ **Inscriptions, Cleaning, Other.** Sketch and information attached.

*Bob Covey (Sexton) 363-3859*

I request the above work be approved and scheduled.

Date: \_\_\_\_\_ Monument dealer \_\_\_\_\_ (sign)  
\_\_\_\_\_ (print)

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**ADDITIONAL REQUESTS** Explain additional request and attach to work order permit. Such requests must be approved and scheduled.

**AUTHORIZATION** *Certificate of Burial Rights Holder / Monument Purchaser*

I have read the foregoing order and agreement. You are hereby authorized to schedule said Monument Dealer to execute the above work in accordance with this form and the attached Information. I understand that the installment of any work is subject to the Rules and Regulations of the Mountain View Cemetery. The Cemetery Commission and Sexton will be held harmless for misplacement of monuments and/or markings of any type or foundations.

Date: \_\_\_\_\_

Lot Owner / Purchaser: \_\_\_\_\_ (sign)

\_\_\_\_\_ (print)

Address

\_\_\_\_\_

\_\_\_\_\_

Telephone

\_\_\_\_\_

**AUTHORIZATION for INSTALLATION:** *Town of Essex Cemetery Commission*

	Date	Initials
Corner Markers _____	_____	_____
Foundation _____	_____	_____
Monument _____	_____	_____
Inscription, Cleaning, Other _____	_____	_____
Conditions or Specifications		

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_