



TOWN OF NORTH READING

Massachusetts

Department of Public Works

RIVERSIDE CEMETERY FOUNDATION REQUEST FORM

Date: _____

Name of Deceased: _____

Grave Location: Section: _____ Lot: _____ Grave: _____

Foundation Location: Center: _____ Right: _____ Left: _____

Foundation Size: (_____) X (_____) = _____ SF

Fee Calculation: _____ SF X \$75.00/SF = \$ _____

Include Dimensions on Sketch:

SIDE VIEW

FRONT VIEW

Requested By: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Please enclose payment, payable to the "Town of North Reading", with your request.