



# 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.