

SCHEDULE "D" TO BYLAW NO. 4732



CITY OF PORT ALBERNI
Cemetery Services

Greenwood Cemetery
5360 Josephine Street
Office: 4850 Argyle Street
Port Alberni, BC Canada V9Y 1V8
Ph: 250-720-2830 Fax: 250-723-3402

RIGHT OF INTERMENT TRANSFER OR SURRENDER

Cemetery: Greenwood Cemetery
Location: 5360 Josephine Street, Port Alberni, BC
Lot: Section _____ Row _____ Plot _____

TRANSFER: \$25.00 Administration Fee

I hereby request that the Right of Interment for the above mentioned lot be transferred from my name to that of _____, address being _____
_____. Telephone: (____) _____.

SURRENDER:

I hereby surrender to the City of Port Alberni the Right of Interment for the above mentioned lot.

Original price paid for Right of Interment (less the Care Fund contribution) *	_____
Plus GST paid on *	_____
Less Administration Fee	(25.00)
Less GST on Administration Fee	(1.25)
REFUND TOTAL	_____

Right of Interment Holder Signature

Printed Name

Address: _____

Telephone: (____) _____ Date: _____