

SCHEDULE "E" 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

**MEMORIAL PERMIT**

Request Date: \_\_\_\_\_  New  Remove & Reinstall

In Memory of: \_\_\_\_\_

Lot Location: Section \_\_\_\_\_ Row \_\_\_\_\_ Plot \_\_\_\_\_

Marker Size: Single Size: \_\_\_\_\_ X \_\_\_\_\_ inches Double Size: \_\_\_\_\_ X \_\_\_\_\_ inches

Marker Type:  Granite  Bronze

Requested By: Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Installation Fee:	\$ _____	<i>According to the Cemetery, Interment and Funeral Services Act, a percentage of the memorial permit fee will be contributed to the Cemetery Maintenance Care Fund.</i>
Care Fund Contribution:	\$ _____	
Total GST:	\$ _____	

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This permit to be issued in accordance with and subject to City of Port Alberni Cemetery Bylaw 4732, and rules and regulations of the City of Port Alberni as they may be in effect at the time of purchase or, as they may be amended from time to time thereafter.

*Memorials shall only be placed, installed and removed by the Caretaker or other person duly authorized by the City of Port Alberni.*

<b>OFFICE USE ONLY:</b>	
City of Port Alberni Approval: _____	Date: _____
Comments: _____	Installation Date: _____
_____	_____