



**CEMETERY PLOT PURCHASE
REQUEST FORM
PHELPS CEMETERY
2210 State Highway 17, Phelps, WI 54554**

OWNER INFORMATION:

NAME OF PURCHASER: _____

MAILING ADDRESS: _____

PHONE: _____ E-MAIL: _____

CONTACT NAME/PHONE (IF OTHER THAN OWNER): _____

GRAVESITE REQUESTED:

<u>SECTION#</u>	<u>LOT#</u>	<u>PLOT#</u>	<u>INTENDED OCCUPANT NAME (if known)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PURCHASER: _____
Signature *Date*

RECEIVED BY:

CLERK/DEP. CLERK: _____
Print Name *Signature* *Date*

SEXTON: _____
Print Name *Signature* *Date*

PAYMENT INFORMATION (Office Use Only):

Amount Paid: _____ *Check/Cash:* _____ *Date Paid:* _____

Payee: _____ *Notes:* _____
Print Name

Please remit form/payment to: Town of Phelps, PO Box 157, Phelps, WI 54554
Checks made payable to: Town of Phelps
Fee Information: \$300/Plot
Questions/Concerns: Town Hall: 715.545.2270; townclerk@phelpswi.gov
Sexton: Ronald Buell, Jr. 715.891.4433