

**CEMETERY PLOT 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*

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**RECEIVED BY:**

CLERK/DEP. CLERK: \_\_\_\_\_  
*Print Name* *Signature* *Date*

SEXTON: \_\_\_\_\_  
*Print Name* *Signature* *Date*

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**PAYMENT INFORMATION (Office Use):**

Amount Paid: \_\_\_\_\_ Check/Cash: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Payee: \_\_\_\_\_ Notes: \_\_\_\_\_  
*Print Name*

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**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.phelps@gmail.com  
Sexton: Ronald Buell, Jr. 715.891.4433