Town of Chilmark

ABEL'S HILL CEMETERY PLOT APPLICATION

Chilmark Property Held in LLC, Trust, or Other Entity P.O. Box 119 Chilmark, MA 02535-0119

Applicant's Name(s):		
Last	First	Middle
Address of Chilmark property: Street_		MapParcel
Name property is taxed under (i.e. LLC	C, Trust):	
Applicant's Mailing Address:		
Phone Number(s):	E-mail: _	
REQUESTED PLOT SIZE: () FULL PLOT () HALF PLOT () CREMATION PLOT *Please make checks payable to The Town of the purposes of this application, I swear that other entity has owned the qualifying lot and I other entity. As required, I have notified the mapplying for the sole cemetery plot allowed ure the other partners or beneficiaries and will sen partners and beneficiaries have been notified. The information given above is true to the best the Cemetery Commission, I will be subject to Signed under the pains and penalties of perjury	chilmark. Payment due upon that for a minimum of 5 have been a member of nanager/trustee of the Lader this qualifying pro- d confirmation to the Cott of my knowledge. I up to the Chilmark Cemeter	consecutive years this LLC, Trust or or beneficiary of the said LLC, Trust of LC, Trust or other entity that I am perty. The manager/trustee will inform Cemetery Commissioners that all nderstand that, if assigned a plot by
Applicant's Signature	Date For office use only ●	
Assessor and Adminis The above named Legal Entity [] is [] i Assessor's Signature	trator's Certificat	
An acknowledgment and consent from the ma Cemetery Commission Board Administrator	nager/trustee has: () ha	as not () been received.
Paid Amount: Paid Date: PLOT #: AVENUE:	SIZE: FUL	L/HALF/CREMATION Lot
[] Approved [] Denied by Vote of the Cen	metery Commission or	Date:
Notes:		