

Town of Chilmark
ABEL'S HILL CEMETERY
PLOT APPLICATION
Chilmark Property Owner
P.O. Box 119
Chilmark, MA 02535-0119

Applicant's Name(s): _____
Last First Middle

Address of Chilmark property: Street _____ Map _____ Parcel _____

Mailing Address: _____

Phone Number(s): _____ E-mail: _____

REQUESTED PLOT SIZE:

- | | | |
|---|-------------|---------|
| <input type="checkbox"/> FULL PLOT | 11' x 11' | \$1,200 |
| <input type="checkbox"/> HALF PLOT | 11' x 5.5' | \$600 |
| <input type="checkbox"/> CREMATION PLOT | 5.5' x 5.5' | \$300 |

**Please make checks payable to The Town of Chilmark. Payment due upon application*

For the purposes of this application, I swear that for a minimum of 5 consecutive years I have been a Chilmark property owner of a buildable lot under the chilmark Zoning by-laws and that the information given above is true to the best of my knowledge. I understand that, if assigned a plot by the Cemetery Commission, I will be subject to the Chilmark Cemetery Regulations and Policies (attached).

Signed under the pains and penalties of perjury,

Applicant's Signature Date

•For office use only •

Assessor's Certification of Ownership

The Applicant [] is [] is not the owner of record for the above listed qualifying property.

Assessor's Signature

Date

Paid Amount: _____ Paid Date: _____ SIZE: FULL / HALF / CREMATION Lot
PLOT #: _____ AVENUE: _____

[] Approved [] Denied by Vote of the Cemetery Commission on Date: _____

Notes: _____

