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 Chilmar	k property: Street		Map	Parcel
Mailing Address: _				
Phone Number(s): _		E-mail:		
REQUESTED PLO				
() FULL PLOT) HALF PLOT	11' x 11'	\$1,200	
() HALF PLOT	11' x 5.5'	\$600 \$200	
() CREMATION PLOT	5.5' x 5.5'	\$300	
*Please make	e checks payable to The Town	of Chilmark. Payment due upo	on application	
For the purposes of	this application, I swear	r that for a minimum of 5	5 consecutive	years I have been a
Chilmark property				
		under die emmark Zom		
given above is true		edge. I understand that, i		
	to the best of my knowl		f assigned a p	lot by the Cemetery
Commission, I will	to the best of my knowled be subject to the Chilma	edge. I understand that, i ark Cemetery Regulation	f assigned a p	lot by the Cemetery
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