Town of Chilmark

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

Chilmark Resident

Applicant's Name	e(s):			
	Last	First	Middle	
Chilmark Addres	s:			
Mailing Address:				
Phone Number(s)	:	E-mail:		
REQUESTED PI	LOT SIZE:			
() FULL PLOT	11' x 11'	\$1,200	
() HALF PLOT	11' x 5.5'	\$600	
() CREMATION PLOT	5.5 'x 5.5'	\$300	
*Please	make checks payable to The	Town of Chilmark. Payment	due upon application.	
Chilmark Resider understand that, i	nt and that the information of assigned a plot by the Cotions and Policies (attack	on given above is true to Cemetery Commission, ned). Signed under the p	of 5 consecutive years I have been the best of my knowledge. I I will be subject to the Chilmark pains and penalties of perjury,	
Applicant's Signature			Date	
		For office use only •		
	V	erification of Residenc	<u>ey</u>	
consecutive years residency, as acce	, as verified by the Chili	nark Town Clerk. If not alth of Massachusetts, [Chilmark Street List for a minimum ton the Chilmark Street List, proceeding I has [] has not been preseduction.	of of
T	own Clerk or Board Ad	ministrator's Signature	Date	
	Paid Date: AVENUE:		FULL / HALF / CREMATION	
= =] Denied by Vote of the		n on Date:	