

**City of Lafayette
Cemetery
Permit Request**



Please Check Appropriate Box:

Permanent

Temporary

Person Making Request _____ Address _____
(or authorized designate) Phone Number _____ Email _____

Signature

Cemetery Section _____ Lot or Grave No. _____

Date Requested _____

Date Installed _____

Inspected By _____ Date Inspected _____

Drawing and description of Item being placed on lot:

Additional Notes or Comments: _____

