

Town of Marshall
Permit to Clean, Repair or Remove a Monument or Marker
Schedule "C" Bylaw 07-2010

Name of person doing the work: _____

Telephone No. _____

Name of Purchaser: _____

Name of Deceased: _____

Address of Purchaser: _____

Telephone No. _____

Location: Block No: _____ Plot No.: _____ Lot. _____

Purpose of Permit: _____

Application completed by: _____

Signature of applicant: _____

Office Use Only:

Permit approved by: _____

Fee Received: _____ Receipt No. _____

Date of Approval: _____

Comments: _____
