



Highland City Cemetery Monument Placement Request

Date for Placement _____ **AM/PM** _____

please call Trever when you're on
your way (385) 497-9133

Name of Deceased _____

Type of Monument Upright Slope Flat

Companion Single

Foundation Dimension Length: _____ Width: _____ Height: _____

Company _____

Contact # _____

Requested by _____

Please save this form, then email to scottle@highlandcity.org.

Thank you,
Stephannie Cottle