Town of Chilmark

ABEL'S HILL CEMETERY
LOT APPLICATION

P.O. Box 119
Chilmark, MA 02535-0119

Applicant's Name: _____
Last First Middle

Veteran: [ ] Yes [ ] No

Name Chilmark Property is taxed under: _____

Chilmark Property Street Address: _____ Map: _____ Parcel: _____

Chilmark Property Phone Number: 508-645- _____ Email: _____

Chilmark Property Mailing Address: _____

Applicant's Off Island Address: _____

_____

Applicant's Off Island Phone Number: _____

REQUESTED LOT SIZE:

[ ] FULL LOT Four Caskets/8 Cremations 11'x22' $1200.00
[ ] HALF LOT Two Caskets/4 Cremations 11'x11' $600.00
[ ] OTHER

For the purposes of this application I swear that I am a Chilmark property ownder and that the information given above is true to the best of my knowledge. I understand that if I am assigned a lot by the Cemetery Commission I will be subject to all the rules and regulations promulgated by the commission concerning its use and may not sell the lot. Signed under the pains and penalties of perjury,

_____ _____
Applicant's Signature Date

**Please make checks payable to The Town of Chilmark*

Assessor's Certification of Ownership

The above named applicant [ ] is [ ] is not the owner of record for Map: _____ Parcel: _____

Owner of Record: _____

_____ _____
Assistant Assessor's Signature Date

• For office use only •

Paid Amount: _____ Paid Date: _____ Payment Type: _____

Application received and found to be proper by Superintendent: _____ Date: _____

Reviewed by Cemetery Commission on: _____ Clerk: _____

[ ] Approved [ ] Denied by Vote of the Cemetery Commission. Clerk: _____

LOT #: _____ AVENUE: _____ SIZE: FULL / HALF/ OTHER