

City of Benbrook
Benbrook Cemetery
Memorial Repair Permit

Name of Person(s) for Memorial _____

Date of Death _____

Cemetery Space for Memorial _____

Estimated Date of Repair _____

Owner of Cemetery Space _____

Person or Company Responsible for Repair _____

Address _____

Phone/Fax _____

Brief Description of Work to be Performed _____

The undersigned acknowledges that memorials placed in the Benbrook Cemetery are subject to rules and regulations promulgated in the Benbrook Municipal Code, Chapter 13.04. The undersigned further acknowledges that no memorial will be altered until the permit is approved by the City of Benbrook.

Signature _____ **Date** _____

PLACEMENT GUIDE MARKERS WILL BE LEFT IN PLACE FOR 5 (FIVE) BUSINESS DAYS FROM THE DATE OF APPROVAL, AFTER WHICH TIME THEY WILL BE REMOVED AND A NEW APPLICATION MUST BE SUBMITTED.

Do Not Write Below This Line

Approved _____

Date _____

Disapproved _____

Reason _____