

2025 FOUNDATION REQUEST DATE: _____**Monument Company Information:**

Company Name: _____

Contact Name: _____ Email: _____

Phone #: _____ Fax #: _____

Customer (Person Placing Order): _____

Rights Holder Name (Monument Name): _____

(Name of person where monument to be placed.)

Cemetery Location: _____

Foundation Size Required:

(Check one)

Monument Size: _____

Base Size: _____

Date Required: _____

C&M Amount: _____

Size	Cost*	
Under 36 Inches	\$260.00	
36 Inches	\$280.00	
42 Inches	\$317.00	
48 Inches	\$400.00	
Over 48 Inches	\$514.00	
Install Ground Setting	\$88.00	

* Plus HST. Does not include C&M amount.

Special Instructions:*Example:**centered over 2 lots*

Authorized By: _____

** Monument Company

** Rights Holder or Representative

Please complete and fax (705)752-3116 or email clerk@callander.ca

**Request MUST be signed by representatives of the Monument Company and the Rights Holder/Representative in order to be processed.

Office Use:

Paid ☐

Lot Location Completed by: _____

Date Completed: _____ Monument Company notified: ☐ Date: _____