

2026 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 | \$268.00 |
| 36 Inches | \$288.00 |
| 42 Inches | \$326.00 |
| 48 Inches | \$412.00 |
| Over 48 Inches | \$530.00 |
| Install Ground Setting | \$ 90.00 |

* 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 Competed: _____ Monument Company notified: Date: _____