



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 to your desktop then click
on this link to email to: cindy@highlandcity.org

Thank You