



# MONO COUNTY DEPARTMENT OF PUBLIC WORKS

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## MONO COUNTY GRAVESITE CONVEYANCE FORM

Purchaser's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

*City*

*State*

*Zip Code*

Mailing Address: \_\_\_\_\_

*City*

*State*

*Zip Code*

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Deceased (if applicable): \_\_\_\_\_

\*\*Please provide Public Works with the name and address of closest relative not living with you.

*Name*

*Address*

*City*

*State*

*Zip Code*

**Cemetery Location:** Mount Morrison  Mono Lake  Bridgeport

Plot Number (if applicable): \_\_\_\_\_ Plot Size: **5'x10'**

Fee Collected: Plot (s) \_\_\_\_\_ Per Plot: \$ **456.00** = Total \$ \_\_\_\_\_

Processed by: Department of Public Works

\*\*Please note: A \$35.00 processing fee will apply to all refunds.

Revised: 07.21.11