



Fax this request to: 308-345-1461 or email to lori@cityofmccook.com at least 3 days prior to Set Date

MONUMENT PERMIT REQUEST

Monument Co.: _____
 Address: _____
 Phone: _____

Request Date: _____
 Contact Person: _____
 Phone: _____

✓ Cemetery	Monument For	Block	Row	Lot	Space(s)	Monument size	Set Date
	Lot Owner						
<input type="checkbox"/> Memorial Park <input type="checkbox"/> Riverview						<input type="checkbox"/> single <input type="checkbox"/> double	
<input type="checkbox"/> Memorial Park <input type="checkbox"/> Riverview						<input type="checkbox"/> single <input type="checkbox"/> double	
<input type="checkbox"/> Memorial Park <input type="checkbox"/> Riverview						<input type="checkbox"/> single <input type="checkbox"/> double	
<input type="checkbox"/> Memorial Park <input type="checkbox"/> Riverview						<input type="checkbox"/> single <input type="checkbox"/> double	
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Fax form to: City of McCook, (308) 345-1461

~ OR ~

Email form to: lori@cityofmccook.com