

Customer Service Request Form

Mt. Glenwood Memory Gardens

1. Name of Deceased: _____
2. Date of Burial: _____
3. Section: _____ Division: _____ Lot: _____ Block: _____ Row: _____ Grave: _____
4. Type of Work Requested: _____

5. Name of Person Requesting Action: _____
6. Address: _____
7. Telephone Number(s): _____
8. Name of Lot Owner: _____

Some burial spaces do not include care. If you purchased your burial property prior to 1973 or if the burial took place prior to 1973, care was not included with your burial site purchase. We will assess your work performance request and let you know if there is a charge for the work you are requesting to be done. Only when "Special Care" is requested will a fee apply. In most cases the work we perform will be at no charge to you. PLEASE ALLOW 10 TO 14 DAYS FOR YOUR WORK ORDER REQUEST TO BE COMPLETED.

DATE OF REQUEST _____

Date Work Performed: _____

Work Performed By: _____

Signature: _____