

**Town of Florence
Public Works Department
425 E. Ruggles / P O Box 2670
Florence AZ 85232
520-868-7620
Fax: 520-868-7637**

CEMETERY CHANGE OF ADDRESS FORM

Effective Date: _____

Easement Owner Name: _____

Physical Address: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Internments Rights to:

Block		Lot		Plots	
Block		Lot		Plots	
Block		Lot		Plots	
Block		Lot		Plots	

CEMETERY AGREEMENT

I agree to notify the Public Works Department of any future changes in my address and/or transfer of internment rights in writing.

Signature

Date

For Office Use Only

Date Received: _____

Received by: _____

Date Recorded: _____

Recorded by: _____