

TOWN OF FLORENCE PUBLIC WORKS DEPARTMENT
425 E Ruggles / P O Box 2670 Florence AZ 85232 520-868-7620 Fax: 520-868-7637

TOWN OF FLORENCE CEMETERY TRANSFER OF INTERMENT RIGHTS FORM

Effective Date: _____

Easement Owner: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Interment Location:

Block		Lot		Space (s)	
Block		Lot		Space (s)	
Block		Lot		Space (s)	
Block		Lot		Space (s)	

I, _____ do hereby convey the above mentioned spaces to:

New Easement Owner: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Signature of Original Easement Owner

Date:

Signature of New Easement Owner

Date

For Office Use Only

Processed by: _____

Date Received: _____

Payment: Check # Money Order# Receipt #

Date Recorded: _____

Packet Mailed Out on: _____