

Town of Florence
Community Services Department
778 N. Main St./PO Box 2670
Florence AZ 85132
(520) 451-2074 email: Teresa.Graciano@FlorenceAZ.gov

TRANSFER OF OWNERSHIP

Effective Date: _____

Current Easement Owner Name: _____ Signature: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

New Easement Owner Name: _____ Signature: _____

Address: _____

City, State, Zip _____

Phone Number: _____

Internment Rights to :

Block		Lot		Space	
Block		Lot		Space	
Block		Lot		Space	
Block		Lot		Space	

CEMETERY AGREEMENT

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

Signature: _____ Date: _____