

***Town of Rock***  
***Rock County, Wisconsin***  
[www.tn.rock.wi.gov](http://www.tn.rock.wi.gov)

**MONUMENT PERMIT**

DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**MONUMENT**

NAME ON MARKER: \_\_\_\_\_

LOCATION BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ PLOT: \_\_\_\_\_

OWNER OF LOT: \_\_\_\_\_

I HEREBY CERTIFY THAT I AM THE OWNER OF THE ABOVE DESCRIBED GRAVESITE, (OR HIS/HER AGENT) AND THAT I AUTHORIZE THE PLACEMENT OF A MONUMENT AS ABOVE DESCRIBED. I HEREBY AGREE TO HOLD HARMLESS THE TOWN OF ROCK AND IT'S AUTHORIZED REPRESENTATION OF ANY LIABILITY THAT MIGHT OCCUR AS A RESULT OF THIS AUTHORIZATION.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PERMIT FEE-\$20.00

MAKE CHECK PAYABLE TO TOWN OF ROCK  
MAIL TO:5814 S DUGGAN RD, BELOIT, WI 53511