



MARK R. JOHNSON  
Mayor

# CITY OF COVINGTON

CEMETERIES

317 North Jefferson Avenue  
Post Office Box 778  
Covington, Louisiana 70434  
phone 985.898.4717  
fax 985.635.0076  
website www.covla.com

## CEMETERY PLOT MAINTENANCE PERMIT

Please fill in information, print and sign.

NAME OF FAMILY \_\_\_\_\_

FAMILY CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF CEMETERY \_\_\_\_\_

PLOT NUMBER\* \_\_\_\_\_

*\*If the plot number is unknown, please describe location below and attach a photo of the plot.*

DESCRIBE LOCATION AND/OR WORK TO BE PERFORMED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permit granted to \_\_\_\_\_ / \_\_\_\_\_  
*name phone / fax*

The above-named individual is hereby permitted to perform the maintenance work as indicated on the above-mentioned gravesite.

Granted in Covington, Louisiana, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ year  
*day month year*

### CITY OF COVINGTON REPRESENTATIVE

By: \_\_\_\_\_  
*signature*

\_\_\_\_\_  
*print name*

By: \_\_\_\_\_  
*signature*

\_\_\_\_\_  
*print name*