



OAKLAND CEMETERY

Applicant: Please complete and return at least 2 weeks before scheduled event.

APPLICATION FORM FOR CONTROLLED USES

Event _____ Applicant's Organization _____

Applicant's Name _____ Address _____

Day phone _____ Night phone _____

Description of Event & Purpose _____

Date of Event _____

Time _____ a.m./ p.m. to _____ a.m./ p.m.

Anticipated attendance _____

Location in Cemetery _____

Applicant's Signature _____

Date _____

Applicant: Return completed form to: Cemetery Superintendent, 410 E. Washington St., Iowa City, IA 52240 or FAX to 319-341-4179.

For Oakland Cemetery Use Only

Approved Denied

Special Instructions or Reason for Denial

Note: Approval of use may need to be withdrawn subject to a funeral in requested location. Applicant will be notified if that circumstance should arise.

Superintendent's Signature _____

Date _____