

**PRAIRIE CEMETERY, CITY OF FENNIMORE
GRANT COUNTY, WISCONSIN**

STATEMENT OF REFUND FOR LOT PURCHASES IN CEMETERY SPACES

Refund of actual cost less replacement deed fee

Date _____

Name: _____

Date: _____

Lot Number(s) _____ Section _____ Addition _____

Reasoning for refund request _____

Refund Amount Requested ___ \$ _____

I understand that cemetery records currently show ownership as

_____, and that by my refund will transfer ownership

of said cemetery spaces to the City of Fennimore, unless said otherwise, for their use.

For office use only:

Signature _____ *Date* _____

Reimbursement Awarded ___ \$ _____ *Reimbursement Method* Cash or Check

Date of Approval _____

Outcome of ownership of the said lot spaces _____
