

**City of Dodge City
Maple Grove Cemetery**

Date: _____

**PHONE: 620-225-8140
FAX: 620-225-8140**

Cemetery Maintenance Request Form

Maple Grove West _____

Maple Grove East _____

Name: _____

Phone Number: _____

Div/Sec: _____ **Block:** _____ **Lot or space:** _____

Request or Problem: _____

Date problem was taken care of and what actions were taken: _____

Person doing work: _____