



GRAVE REMOVAL PETITION

Petitioner

Name

Telephone Number Fax Number

Address

City State Zip Code

Subject Property Address and Parcel Identification Number (PIN):

Reason for Petition:

The undersigned applicant hereby certifies that, to the best of his or her knowledge and belief, all information supplied with this application is true and accurate.

Printed Name:

Signature: Date:

Property Owner

Name

Telephone Number E-Mail

Address

City State Zip Code

All property owners must sign this application (please attach separate sheet for signatures if needed) unless one or more individuals are specifically authorized to act as an agent on behalf of the collective interest of some or all of the owners (provide a copy of such authorization).

The undersigned property owner(s) hereby authorize the filing of this application (and any subsequent revisions thereto). The filing of this application authorizes the Wake County staff to enter upon the site to conduct relevant site inspections as deemed necessary to process the application. All documents and maps submitted as required become the property of Wake County.

Printed Name:

Signature: Date: