



TOWN OF ABINGDON
COMMUNITY DEVELOPMENT

Building • Planning • Code Enforcement

Office Use Only
Fees: \$ _____

SINKING SPRING CEMETERY ADOPT A PLOT LANDSCAPING MAINTENANCE APPLICATION

Applicant Information	Applicant Name:		Street Address:	
	Mailing Address:		Phone #:	Email:
	Family Plot Name:			
	FAMILY PLOT LOCATION (First Circle, Second Circle or Penn Addition):			
	**This form is for maintaining the grass/weeds within the designated enclosed family plots. The form does not give the volunteer permission to clean or move any markers. No plantings shall be planted within the designated enclosed family plots by the volunteer. If the volunteer encounters a conflict where they are no longer able to maintain their adopted plot, please contact Town of Abingdon staff at (276) 628-3167.			
	Signature of Applicant		Date	
Office Use Only	STAFF SIGNATURE: _____ Date: _____			