ORDINANCE 90-8

TO AMEND SECTION 2.11.060 OF THE BLOOMINGTON MUNICIPAL CODE
ENTITLED "ROSE HILL CEMETERY DEPARTMENT"

WHEREAS,   the fees for the municipal cemeteries have not been
               increased since 1983; and

WHEREAS,   the Board of Public Works has duly considered increased
               cost of maintenance and operations, and fees charged for
               comparable services in the area; and

WHEREAS,   the Board of Public Works has forwarded this Ordinance to
               the Common Council with a recommendation of passage;

NOW, THEREFORE, BE IT HEREBY ORDAINED BY THE COMMON COUNCIL OF THE CITY
OF BLOOMINGTON, MONROE COUNTY, INDIANA, THAT:

SECTION I.   Section 2.11.060 Rose Hill Cemetery Department shall be
amended to read "Superintendent" in lieu of "Sexton" whenever such
appears in the Section.

SECTION II.   Section 2.11.060 Rose Hill Cemetery Department, subsection
(3) Fees shall be repealed and re-enacted to read as follows:

   (A)   Grave Space.   Fees for purchase of grave spaces shall be as
         follows:

         (1)   For each adult grave space in Rosehill Cemetery the fee
         shall be Two Hundred Seventy Dollars ($270.00).

         (2)   For each adult grave space in White Oak Cemetery the fee
         shall be Two Hundred Ten Dollars ($210.00).

         (3)   For each infant grave space in Rosehill and White Oak
         Cemeteries the fee shall be Forty-five Dollars ($45.00).

         (4)   For each grave space for ashes in Rosehill and White Oak
         Cemeteries the fee shall be One Hundred Dollars ($100.00).

         (5)   Welfare Grave Spaces: For each welfare grave space the
         fee shall be One Hundred Fifty Dollars ($150.00).

   (B)   Mausoleum Entombment.   Fee for entombment shall be as follows:

         (1)   Rosehill Cemetery mausoleum entombment shall be Two
         Hundred Dollars ($200.00).

         (2)   For entombment of ashes the fee shall be Seventy-five
         Dollars ($75.00).

   (C)   Interment.   Fees for interment, which is defined as the opening
         and closing of the grave, shall be in both cemeteries as
         follows:

         (1)   The fee for interment of ashes shall be Seventy-five
         Dollars ($75.00).

         (2)   The fee for interment of the remains of infants shall be
         Forty-five Dollars ($45.00).

         (3)   The fee for the interment of children shall be One Hundred
         Fifty Dollars ($150.00).

         (4)   The fee for interment of the remains of adults shall be
         Two Hundred Forty Dollars ($240.00).

         (5)   The fee for the interment of welfare burials shall be Two
         Hundred Dollars ($200.00).

SECTION III. This Ordinance shall be in full force and effect from and after its passage by the Common Council of the City of Bloomington and approval of the Mayor.

PASSED and ADOPTED by the Common Council of the City of Bloomington, Monroe County, Indiana, upon this____7____day of ___March_____,
1990.

_____
IRIS KIESLING, President
Bloomington Common Council

ATTEST:

_____
PATRICIA WILLIAMS, Clerk
City of Bloomington

PRESENTED by me to the Mayor of the City of Bloomington, Monroe County, Indiana, upon this __8__ day of ___March_____, 1990.

_____
PATRICIA WILLIAMS, Clerk
City of Bloomington

SIGNED and APPROVED by me upon this __8__ day of __March_____,
1990.

_____
TOMILEA ALLISON, Mayor
City of Bloomington

SYNOPSIS

This Ordinance, which was forwarded to the Council from the Board of Public Works with a favorable recommendation, increases the fees for grave spaces, mausoleum entombment, and interment in the two municipal cemeteries.

Signed copies to:
Lee Huss
Public Works
BMC File
H. T Publication

ORD. 90-8 ORDI
Form Prescribed by State Board of Accounts   General Form #99P (Rev 1987)
CITY - PUBLIC WORKS   TO: Herald-Times__Dr.
      (Governmental Unit)   Box 909
Monroe County, Indiana   Bloomington, IN 47402

PUBLISHER'S CLAIM

LINE COUNT
    Display Matter (Must not exceed 2 actual lines, neither of which shall
total more than four solid lines of the type in which the body of the
Advertisement is set)-Number of equivalent lines   _____
Head-Number of lines   _____
Body-Number of lines   _____
Tail-Number of lines   _____
  Total number of lines in notice   _____

COMPUTATION OF CHARGES:
/9   lines 1 COLUMN wide, equals 79   equivalent lines
at 0.330 cents per line...$26.07
Additional Charges for notices containing rule
or tabular work (50% of above amount).........................
Charge for extra proofs of publication.......................
    ($1.00 for each proof in excess of two)
TOTAL AMOUNT OF CLAIM...$26.07
DATA FOR COMPUTING COST
    Width of Single Column 12.5 ems   Size of type 6 point
    Number of insertions 1 time

Pursuant to the provisions and penalties of Ch 155, Acts 1953.
I hereby certify that the foregoing is just and correct, that the amount
claimed is legally due, after allowing all just credits, and that no part
of the same has been paid.

Date: 03/25 , 1990   Title: billing clerk

Claim No. _____   Warrant No. _____
IN FAVOR OF
          Herald-Telephone
P.O. Box 909, Bloomington, IN   47402
****

          $_____

     ON ACCOUNT OF APPROPRIATION FOR

_____

Appropriation No. _3512 62 682_

****

Allowed_____,19___

In the Sum of $_____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

*
*   I have examined the within claim
*   and hereby certify as follows:
*   That it is in proper form.
*   That it is duly authenticated
*   as required by law.
*   That it is based upon statutory
*   authority.
*   That it is apparently (correct)
*   (incorrect).
*
*
*
*   I certify that the within claim
*   is   true and correct; that the
*   services therein itemized and for
*   which charge is made were ordered
*   by me and necessary to the public
*   business.
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*   _____
*
*   _____,19___
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