



REQUEST FOR INFORMATION

NO. _____

TO: Roads Foreman

REQUESTED BY:

Building Inspection <input type="checkbox"/>	Public Works <input type="checkbox"/>	Other: _____
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LOCATE & MARK - WATER ☐ SEWER ☐ STORM SEWER ☐

Owner Name(s): _____

CIVIC Address: _____ **Folio #:** _____

Reason: _____

Construction of New Single Family Dwelling ☐

Contact Person: _____ Phone #: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY	APPROXIMATE LOCATION AS PER FIELD CARDS?		SIZE
	YES	NO	
WATER LINE: (condition of service box)			
SEWER LINE: (condition of clean out)			
STORM LINE: (condition of clean out)			
Other Information:			

Completed by: _____ Date: _____, 20__

Copy to:

Building Inspection	
Mapping Dept.	