



## MUNICIPAL DRAIN MAINTENANCE REQUEST

Municipal Drain Name:	
Report Date:	
Location of Drain:	

(attach copy of Drain Map)

DATE: (mm/dd/yyyy)	LOT #	CON #	OWNER'S NAME:	TEL #

Beaver Control:	<input type="checkbox"/>	Closed Drain Repair:	<input type="checkbox"/>	Culvert Road/Farm Crossing:	<input type="checkbox"/>
Open Drain Clean Out:	<input type="checkbox"/>	Erosion:	<input type="checkbox"/>	(Brushing/Grading):	<input type="checkbox"/>
WORK DONE BY:	<input type="checkbox"/> Public Works	<input type="checkbox"/> Contractor	<input type="checkbox"/> Registered Trapper		
REPORTED BY:	<input type="checkbox"/> Telephone	<input type="checkbox"/> In Person			

### NOTES:

Staff Signature:		Date:	
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Forward completed form to [township@wellington-north.com](mailto:township@wellington-north.com)  
Questions should be directed to the Clerk at 519-848-3620 Ext 4227