



MUNICIPALITY OF CALVIN

1355 Peddlers Dr, Mattawa, ON P0H 1V0

Tel: 705-744-2700

Request for Special Services Form

Please use this form to report all municipal related issues.
FAX # 705-744-0309 or email: administration@calvintownship.ca

Once submitted, your request will be routed to the appropriate department head for review.
Lines with (*) must be filled in.

Date & Time: * _____

Your Name: * _____

Email Address: _____

Contact Telephone: * _____

Department: Fire Department Filling Swimming Pools (May to July Only)

Other: _____

Location of Pool*: _____

Department: Municipal Council – Request for Petitions/Delegations to Council

(Any person desiring to be heard must submit to the Clerk a request in writing and signed, stating the purpose of the deputation, not later than 12:00 noon on the Thursday preceding the Council Meeting. Only one spokesperson shall speak on behalf of a delegation to Council.)

Date of Meeting: _____

Reason for Request (details): _____

Tracking Information – for office use only

Received by: _____ Date: _____

Assigned to: _____ Date: _____

Brief description of Action Taken _____

Fees for Services: _____ Owing Paid

Closed by: _____ Date: _____