



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: Closed Drain Repair: Culvert Road/Farm Crossing:
Open Drain Clean Out: Erosion: (Brushing/Grading):
WORK DONE BY: Public Works Contractor Registered Trapper
REPORTED BY: Telephone In Person

NOTES:

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