

SCHEDULE A



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Request for Services

RFS# _____

Once submitted, your request will be forwarded to the appropriate Department Manager for review.

Line with (*) must be filled in

Date * _____

Your Name * _____

Email Address _____

Contact Telephone * _____

Department * Operations: Roads Waste Facilities Park Maintenance Fire Department
Finance Council Services Other : _____

Location of Issue * _____

Description of Service Required * _____

Tracking Information – for office use only

Received by: _____ Date: _____

Assigned to: _____ Date: _____

Brief description of Action Taken _____
