

DISTRICT OF CHETWYND
ACTION REQUEST FORM

DATE: _____

TIME: _____

NATURE OF REQUEST: (please check one)

Municipal Bylaw

General in Nature

Bylaw Name & Number, if known: _____

ACTION REQUESTED:

(please use additional paper, if necessary, and attach to this form)

CONTACT INFORMATION: (please print)

Name: _____

Address: _____

Telephone: _____ Email: _____

Signature: _____

Information provided on this form may be subject to the *Freedom of Information and Protection of Privacy Act* (the Act). For information relating to the Act, contact the FOI Coordinator for the District of Chetwynd during normal business hours at 250 401-4100 or at the municipal office located at 5400 Hospital Road, Chetwynd, BC.

ACTION: (staff use only)

Forwarded to:

- | | |
|---|---|
| <input type="checkbox"/> Chief Administrative Officer | <input type="checkbox"/> Corporate Administration |
| <input type="checkbox"/> Financial Administration | <input type="checkbox"/> Engineering & Public Works |
| <input type="checkbox"/> Parks & Recreation | <input type="checkbox"/> Bylaw Enforcement |
| <input type="checkbox"/> Building Department | |

Comments/Action Taken:

Processed by: _____ Date Completed: _____