



# PUBLIC WORKS REQUEST FORM

## CONTACT INFORMATION

## SECTION 1

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## WORK REQUEST LOCATION

## SECTION 2

ADDRESS: \_\_\_\_\_

Description of Work Requested (e.g. Ditching, Shouldering, Asphalt patching, Street Light, etc):

## DOCUMENTATION

## SECTION 3

1. Completed Form
2. Photographs, if possible.

## SIGNATURE OF CLAIMANT

## SECTION 4

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE (yyyy/mm/dd)

**Please send completed form to: [office@lrmcoc.ca](mailto:office@lrmcoc.ca) OR drop off in person to the Town Hall at 744 Logy Bay Road, Logy Bay, NL, A1K 3B5.**

For further information or assistance, please contact us by phone at (709) 726-7930 or by email at [office@lrmcoc.ca](mailto:office@lrmcoc.ca)



Logy Bay  
Middle Cove  
Outer Cove

# PUBLIC WORKS REQUEST FORM

FOR OFFICE USE ONLY

SECTION 5

Date Received

Date Executed (if applicable)

Staff Notes

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

*Justin Greeley, Project Manager & Development Officer*

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

*Susan Arns, Town Clerk/Manager*