Logy Bay
Middle Cove
Outer Cove

PUBLIC WORKS REQUEST FORM

CONTACT INFORMATION	SECTION 1

NAME: _____

MAILING ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

HOME PHONE: _____ 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@lbmcoc.ca OR drop off in person to the Town Hall at
For further information or assistance, please contact us by phone at (709) 726-7930 or by email at

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FOR OFFICE USE ONLY	SECTION 5

Date Received	
Date Executed (if applicable)	

Staff Notes

NAME: _____ DATE: _____

Shane Williams, Manager of Planning & Public Works

NAME: _____ DATE: _____

Susan Arns, Town Clerk/Manager