



Maintenance / Work Request Form

11 Hudson Street, Blind River, Ontario, P0R 1B0

Tel.: (705)356-2251 Fax.: (705)356-7343

The Corporation of the Town of Blind River

Date of Request: _____ Requesting Party: _____

Telephone #: _____ Work Location: _____

Description of work/ repair: _____

Requested Priority:

[___] High - Must be done within 24 hours.

[___] Medium - Within the week

[___] Low - When you get a chance.

For Office Use Only:

Date Reviewed: _____ Priority Assigned: High Medium Low

Authorized By: _____

Comments: _____

Date Work Completed: _____ Work Assigned to: _____

Description of work/ repair: _____

