

The Corporation of the Town of Grand Valley

5 Main Street North Grand Valley, ON L9W 5S6

Tel: (519) 928-5652 Fax: (519) 928-2275

www.townofgrandvalley.ca

Work Order/Action Request

Roll # Rece	ived: By:	
Caller's Information:		
Name:		
Address:		
Phone Number:	Other Number:	
Email:		
Complaint Details:		
Name:	Plan #	
Lot: Concession: Locatio	n:	
Complaint:		
Assignment History		
Date:		
Assigned To:		
Department:		
Subject:		
• • •		
Follow-Up Comments and Action T		
BY:	Date:	



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Roll #	Received:	Ву:
File is OPEN (inco	mplete)	
	taken by Investigator:	(use back of page if more space is required)
Investigated by:		
Name (nlease print)	•	Date: