

Municipality of Chatham-Kent Parks and Open Spaces

Request Form for Park Access

Please comple	ete all information	on the form.	
Name:			
Address:	(Street)	(City)	
	(Province)	(Postal Code)	
Home Phone:		Business Phone:	
E-Mail Address	:		
Park Name:			
Park Address:	(Include cross	street where applicable)	
Date(s) access	is requested:		
4240) or email	@ Debvec@chath	am-kent.ca	r final review (519-360-1998 Ext
		le for any damages which oco access their property.	cur to the above named park while
(Signature of po	erson requesting ac	cess)	(Date)
Staff follow-up	review date:		
Comments:			