

Alouette River Inspection Request

THE FOLLOWING SHOULD BE FILLED OUT BY THE RESIDENT WITH AS MUCH DETAIL AVAILABLE AND RETURNED TO THE CITY OF MAPLE RIDGE OPERATIONS CENTRE BY EMAIL, MAIL OR FAX.

DATE: _____

NAME OF RESIDENT: _____

ADDRESS OF RESIDENT: _____

TELEPHONE NUMBER: (DAY) _____ (EVENING) _____

EMAIL ADDRESS: _____

NATURE OF PROBLEM, HOW IT AFFECTS YOU, AND HOW LONG IT HAS EXISTED:

LOCATION OF PROBLEM (GIVE GPS CO-ORDINATE IF AVAILABLE, ATTACH PHOTOS AND/OR SKETCHES):

IS THE PROPERTY OCCUPIED BY THE OWNER OR TENANT? _____

NAME OF OTHER CONTACTS: _____

NOTE: LOCATING AND ASSESSING PROBLEMS ON PRIVATE PROPERTY REQUIRES PERMISSION TO ENTER. ARE YOU WILLING TO GRANT PERMISSION FOR CITY OF MAPLE RIDGE REPRESENTATIVES TO ENTER YOUR PRIVATE PROPERTY AND VIEW THE LOCATION? ☐ YES ☐ NO

ARE YOU WILLING TO SHOW THE PROBLEM LOCATION TO A CITY OF MAPLE RIDGE REPRESENTATIVE? ☐ YES ☐ NO

SPECIAL INSTRUCTIONS: _____

INTERNAL - TO BE FILLED IN BY STAFF

☐ ACTION REQUEST CREATED

ACTION REQUEST # _____

PHOTOGRAPH LOG FORM

DATE	FROM	TO	DURATION	LOCATION AND DETAILS OF PHOTO