SERVICE REQUEST FORM

Perfluoroalkylated Substance in North Bay Waterways

You can complete this form electronically by saving it to your computer, or you can complete a paper copy. You must provide your name, address and a contact number or email. When you have completed this page, you can:

1. Email to: environmental.health@healthunit.ca or

2. Fax to: 705-474-9481 or

3. Drop off at the Health Unit, 345 Oak Street West, North Bay or

4. Drop off at any of the agencies listed below

|  |
| --- |
| Name: (Lastname, Firstname)       |
| Address: (Street, City, Postal Code)          |
| Tel: (home) (xxx)xxx-xxxx            | Cell: (optional) (xxx)xxx-xxxx            |
| Email: (optional)           | Fax: (optional) (xxx)xxx-xxxx            |
| ***Please indicate preferred method of contact:*** [ ] home[ ]  work [ ]  cell [ ]  email [ ]  fax |
| **REPORTED PROBLEMS** *(select boxes that are applicable)* |
| [ ]  Health Unit | [ ]  City of North Bay | [ ]  Department of National Defense (DND) | [ ]  Ministry of Environment, Conservation and Park (MECP) |
| **AIR AND WATER QUALITY**[ ]  Result Interpretation[ ]  Drinking, Cooking, Showering, Swimming[ ]  Exposure and Symptoms[ ]  Other | [ ]  Municipal Water  | [ ]  Water Sampling Testing[ ]  Remediation Site Cleanup[ ]  Soil Sampling[ ]  Other | [ ]  Site Remediation Monitoring [ ]  Data Quality Assurance [ ]  Other |

***Please briefly describe the issue and state your question or request.***

**FOR AGENCY USE ONLY:**

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| **RECEIVING AGENCY:** [ ]  Health Unit [ ]  City of North Bay [ ]  MOECC [ ]  DND [ ]  Other |
| **Reporting Method:**[ ]  telephone [ ]  email [ ]  fax [ ]  in-person [ ]  Canada Post |
| Date ReceivedClick here to enter date.      | Time ReceivedClick here to enter time.      | Agency Contact Person: (Lastname, Firstname)           |
| Tel: (xxx)xxx-xxxx             |
| Email:            |
| *Health Unit Use* | **Request No.** |
| DateClick here to enter date.       | TimeClick here to enter time.       | Agencies Referred to:[ ]  Health Unit [ ]  City of North Bay [ ]  MOECC [ ]  DND [ ]  Other |
| **Agency’s Response/Resolution** |
| **DATE:** | **TIME:** | **ACTIONS TAKEN:** |
| Click here to enter date.  | Click here to enter time. |  |

**Please send a confirmation to** environmental.health@healthunit.ca **that you have received this referral.**

Revised 2019/04/04