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](mailto: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:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **RECEIVING AGENCY:**  Health Unit  City of North Bay  MOECC  DND  Other | | | | | | | |
| **Reporting Method:** telephone  email  fax  in-person  Canada Post | | | | | | | |
| Date Received  Click here to enter date. | | | Time Received  Click here to enter time. | | | Agency Contact Person: (Lastname, Firstname) | |
| Tel: (xxx)xxx-xxxx | |
| Email: | |
| *Health Unit Use* | | | | | | | **Request No.** |
| Date  Click here to enter date. | | Time  Click 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](mailto:environmental.health@healthunit.ca) **that you have received this referral.**

Revised 2019/04/04