# MAINTENANCE REQUEST LIST FOR 20yy ROLL Page of .

# City, Town, Village, Hamlet or R.M. of Date .

**Administrator: Phone Number:**



 **Date you would like to receive your maintenance by:**

 **I authorize this work to be completed (Click in box for YES)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment ID Number (TAXMAP OR Alternate Number)** | **Name of Assessed Owner****Mailing Address****Phone #** | **Street Address****(if different)** | Legal Land Description | **Reason for Inspection** |
|  | **Name:****Address:****Phone #:** |  |  |  |
|  | **Name:****Address:****Phone #:** |  |  |  |
|  | **Name:****Address:****Phone #:** |  |  |  |
|  | **Name:****Address:****Phone #:** |  |  |  |
|  | **Name:****Address:****Phone #:** |  |  |  |
|  | **Name:****Address:****Phone #:** |  |  |  |

**If no maintenance is required for this year, mark this form as NIL and return.**

Please complete and return this form by: email**:** weyburn.region@sama.sk.ca OR by Fax to**:** 306-848 -2399 OR by mail to: **#314 - 110 Souris Avenue, Weyburn, SK S4H 2Z8**