



Request# 20____ - _____

Town of Wasaga Beach STOP Sign Request Form

Application Date: _____

Description of Location:

Requested by:

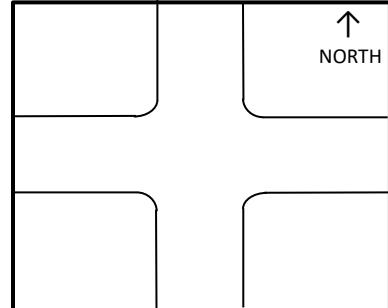
Name: _____

Address: _____

Home Phone # _____ Work Phone # _____

Why is a STOP sign requested at this location?

Proposed Stop Sign Location



OFFICE USE ONLY

Approved / Denied By: _____ Date: _____

Date Installed: _____ GPS/GIS Record Date: _____

By-Law Number: _____

Other: _____

PLEASE EMAIL, MAIL OR DROP OFF THIS APPLICATION TO:

PublicWorks@wasagabeach.com

Town of Wasaga Beach

30 Lewis St

Wasaga Beach, ON L9Z 1A1

Attachment: Town of Wasaga Beach Stop Sign Policy Documentation