



GRAND VALLEY

The Corporation of the Town of Grand Valley

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Work Order/Action Request

Roll # _____ Received: _____ By: _____

Caller's Information:

Name: _____

Address: _____

Phone Number: _____ Other Number: _____

Email: _____

Complaint Details:

Name: _____ Plan # _____

Lot: _____ Concession: _____ Location: _____

Complaint: _____

Assignment History

Date: _____

Assigned To: _____

Assigned By: _____

Department: _____

Subject: _____

Follow-Up Comments and Action Taken:

BY: _____

Date: _____

