



## LAKE TEMAGAMI ACCESS ROAD PARKING STALL REQUEST FORM

7 Lakeshore Drive, Temagami, Ontario, P0H 2H0

Tel: 705 569-3421

Fax: 705 569-2834

Date of Request:	
Requested By (name/business): <input type="checkbox"/> <i>Permanent residence provide government identification</i>	
Lake Temagami Address:	
Mailing Address:	
Phone:	Email:
Municipal Tax Roll:	
Date of Property Ownership or Residence:	
If Renting Property (name of owner and contact information):	
Requesting:    Electrical Parking Stall <input type="checkbox"/> Non-Electrical Parking Stall <input type="checkbox"/>	
Signature of Person Making Request:	
Signature of Staff Member Receiving Request:	Date:
Referred to (staff):	

***Providing fraudulent information can result in the loss of your parking space***