

Municipality of Huron East

PO Box 610, 72 Main St S.,

SEAFORTH ON NOK 1W0

519-527-0160

Fax 519-527-2561



Municipal Drain Maintenance Request

Name of Municipal Drain: _____

Nature of Maintenance Request/Description of Problem

Date	Lot	Con	Owner's Name (print)	Signature of Owner	Phone #

Notes: _____

