



**TOWN OF MIDLAND
WATER & WASTEWATER OPERATIONS**

**INFORMATION REQUEST FORM
CROSS CONNECTION CONTROL PROGRAM**

OWNER'S NAME:

OWNER'S ADDRESS:

PHONE:

FAX:

EMAIL:

FACILITY ADDRESS:

(Include postal code)

BUILDING/TENANT NAME:

CONTACT PERSON:

PHONE:

FAX:

EMAIL:

AFTER HOURS CONTACT PERSON:

AFTER HOURS PHONE:

Mailing address: Town of Midland Water & Wastewater Operations
575 Dominion Ave.
Midland, Ontario

L4R 1R2 Web Site: www.town.midland.on.ca Fax (528 6072)

Or email document to Laura at lrobitaille@midland.ca