



Request# 20 _____ - _____

Town of Wasaga Beach STOP Sign Request Form

Application Date: _____

Description of Location:

Requested by

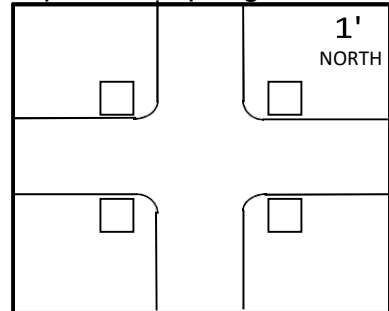
Name: _____

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 MAIL, FAX OR DROP OFF THIS APPLICATION TO:

**Town of Wasaga Beach 30 Lewis Street
Wasaga Beach, ON L9Z 1A1**

Fax # 705-429-8226