

Return to:
Memorial Gardens Sports Arena
100 Chippewa St. W.
North Bay ON P1B 6G2



North Bay Waterfront Marina
Request For Information / Public Input Form

Name: _____

Address: _____ City _____

Postal Code: _____ Telephone: _____(h)_____ (b)_____

Email: _____

(If you are requesting return information , the above fields must be completed so that we can contact you. If you do not wish to be contacted and are only sharing input, the above information is not required.)

REQUEST FOR INFORMATION:

- Boat Slip Availability
- Parking
- Marina amenities
- Other (please specify): _____

PUBLIC INPUT:

Signature: _____ Date: _____

Response required: _____ Yes or _____ No Verbal _____ Written _____

For office use:
Date Received: _____
Action taken/follow up details:

Staff name/signature: _____ Date completed: _____