

MILLBROOK HOUSING DEPARTMENT REPAIR AND RENOVATION REQUEST FORM

P.O. Box 634 Truro, N.S. B2N 5E5

Contact Information				
Name				
Name				
Address				
Phone Number				
Email				
Please check the box(es) that ap	ply: Em	ergency Senior Residential Commercial	
Date of Request				
Request-				
Department use only				
Request Approved			If denied, why?	
	Yes	No		
Approval Signature				
	_			

Contractors use only	
Renovation or repair completion date	
Brief description of work required	
*Please attach the invoice.	
Contractors Signature	

Homeowners use only- Please sign when the work is completed.				
Signature				

If you have any questions, please contact:

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