

Township of Essa Request for Congratulatory Certificate from the Mayor

Where Town and Country Meet	Request i	or Congratulatory Certificate from the Mayor
Congratulatory Certificate	for:	
Name(s) (the way they should a	ppear on the certi	ficate):
Address:		
Phone Number:		
Occasion:		
☐ Birthday	Age:	Birthdate:
Wedding Anniversary	Years:	Date:
Other (please specify)		
Data of Calabastian		
Date of Celebration:		
Requestor's Name:		
nequestor s Nume.		
Address:		
Phone Number:		
Certificate should be mailed:	☐ Yes	☐ No
Certificate will be picked up:	☐ Yes	☐ No
If certificate is to be mailed, plea	ase state which ma	ailing address to use (recipient or requestor):
Personal information contained in this for		e authority of the Municipal Freedom of Information and Protection o
Privacy Act, R.S.O. 1990, c. M56, and wi	II be used only for the	purposes for which its collection was intended. Questions about this
collection should be directed to the MFOI C	Coordinator at The Town	ship of Essa, 5786 County Road 21, Utopia, ON LOM 1T0, 705-424-9770