

**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: \_\_\_\_\_