



TOWN OF NEWMARKET
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Newmarket, ON L3Y 4X7

www.newmarket.ca
recreation@newmarket.ca
Ph. 905.895.5193 - Fax. 905-953-5113

FACILITY REPORT FORM

Date: _____

Name: _____

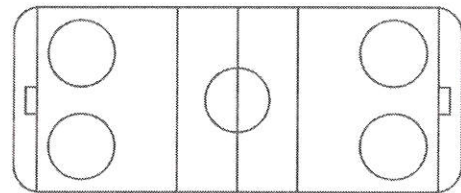
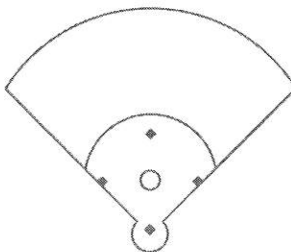
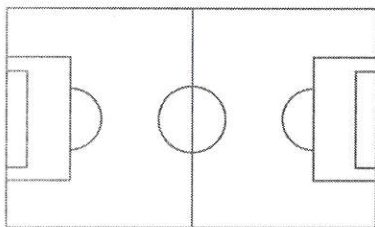
Contact Number: _____

Facility Name: _____

Field or Rink Location/Name: (i.e. Bonshaw East, Rink #2) _____

Description of concerns: _____

Please map location of concern on the appropriate diagram provided:



Please fax or drop off the form to the Recreation and Culture Department at the Town of Newmarket. Once the form is returned to Recreation & Culture, it will be discussed and forwarded to PWS (Parks) for follow up (field maintenance is coordinated through PWS).

OFFICE USE ONLY

Date Received:

Date Issued for Maintenance and to whom:

Date issue resolved:

