Township of Zorra
163 Brock Street PO Box 189 Thamesford Ontario N0M 2M0
519-485-2490 www.zorra.ca admin@zorra.ca

ZORRA ASSET NAME REQUEST FORM

Name:	Email:
Phone:	Cell Phone:
Business/Organization Name (if applicable):	
Address:	
Name(s) Requested:	
Category/Theme:	
Reason/Significance of Request (include historical and background information):	

Please use separate sheet if more space is needed.

For Internal Staff Use Only:

Date received:
Date provided to Council:

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