



TOWN OF PLACENTIA
APP INFORMATION REQUEST FORM
INFORMATION TO BE PUBLISHED ON APP

Name of Business: _____

Type of Business: _____

Mailing Address: _____

Phone Number 1: _____

Phone Number 2: _____

Fax Number: _____

Email Address: _____

Hours of Operation

Summer Dates: _____

Day/Hours: _____

Winter Dates: _____

Days/Hours: _____

Description of Business:

Photos Submitted: Yes ___ No ___ / **Request Photos to be taken:** Yes ___ No ___

I _____ agree that the information I listed above is approved to be published in part or in its entirety on the Town of Placentia App.

Signature of Business Owner/Contact: _____

Date Submitted: _____

PLEASE EMAIL PHOTOS & FAX FORM
Email info@placentia.ca Fax 709-227-2323