



INCIDENT REPORT

9 JAMES STREET
PARRY SOUND ON
P2A 1T4

Phone: 705 746 - 4243
Fax: 705 746 - 7301

Please return this completed form to the Township in the event that you become aware of any incidents affecting the environment, or any misuse of facilities, or other offensive incidents that you may have observed anywhere within the Township. Photographs or video evidence would be helpful for follow-up.

✓ THE APPLICABLE BOXES

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Camping | <input type="checkbox"/> Trespassing | <input type="checkbox"/> Parking of Vehicles | <input type="checkbox"/> Mooring of Boats |
| <input type="checkbox"/> camping on a closed campsite | | <input type="checkbox"/> in restricted area | <input type="checkbox"/> in unsafe area |
| <input type="checkbox"/> camping on Crown land over 21 days | | <input type="checkbox"/> Pollution of Water | <input type="checkbox"/> Pollution of Land |
| <input type="checkbox"/> trespassing on private land | | <input type="checkbox"/> by campers | <input type="checkbox"/> by boaters |
| <input type="checkbox"/> damage to property | | <input type="checkbox"/> litter | <input type="checkbox"/> building materials |
| <input type="checkbox"/> damage to trees | <input type="checkbox"/> unauthorized cutting | <input type="checkbox"/> other | <input type="checkbox"/> sewage |
| <input type="checkbox"/> Unruly Behaviour | <input type="checkbox"/> Unsafe Behaviour | <input type="checkbox"/> Other Damage to the Environment | |
| <input type="checkbox"/> by campers | <input type="checkbox"/> by boaters | <input type="checkbox"/> by campers | <input type="checkbox"/> by boaters |
| <input type="checkbox"/> by cottagers | | <input type="checkbox"/> by cottagers | |

The above incident occurred on: private land Crown land Massasauga Park unknown water

PROVIDE INFORMATION REGARDING THE INCIDENT IN THE AREA BELOW

Date & Time _____

Location _____

Specifics _____

Do you have suggestions as to how to rectify the incident? _____

Did you report this incident to the individuals involved? Yes No

What, if any, action was taken by them? _____

Did you report this incident to any other authority? Yes No

If so, to what authority and name of person? _____

What, if any, action was taken by them? _____

PLEASE PRINT YOUR NAME, ADDRESS AND PHONE NUMBER FOR FOLLOW-UP.

Name _____ Phone _____

Address _____

The purpose of these Reports is to compile a data base. The analyzed results will serve to formulate a future course of action.

Thank you for your support in providing this Incident Report. Be assured that it will be reviewed by Council.

OFFICE USE # INCIDENT OCCURRED ON CROWN LAND MASSASAUGA PARK PRIVATE LAND ROLL #