

P.O. Box 8
Stewiacke, NS
B0N 2J0



Tel: (902) 639-2231
Fax: (902) 639-2221

Email: town@stewiacke.net

REQUEST FOR FILL

I request to have the Town Crews place fill on my property at:

Address _____

I will assume full responsibility for levelling this fill on my lot, and note that the Town will not be held liable for any issue resulting out of the dumping of fill on my property at the above noted address.

Signature

Date