TOWN OF STRATFORD

REQUEST FOR DECISION

Applicant



Imagine that!

Name:	Phone #:
Address:	
Email Address:	
ssue	
Description of Issue:	
Decision Requested:	

For Internal Use

RFD#
Request Path
☐ Forwarded to Council Committee for Recommendation
Staff Liaison:
Staff Recommendation:
Council committee:
Committee Recommendation:
☐ Forwarded to staff for Decision and Action
Staff member:
Decision and Action:
☐ Forwarded to Council for Review prior to consideration (Section 5.1(c))
Recommendation:
Recommendation.
☐ Applicant Notified that issue is outside of Town's Jurisdiction
Analizant Natification
Applicant Notification
Applicant Notified By:
Date of Notification: