



THE TOWNSHIP OF GUELPH/ERAMOSIA
SPECIAL CELEBRATION CERTIFICATE

Number of Years Celebrating: _____

WEDDING ANNIVERSARY BIRTHDAY OTHER: _____

Date Request Received: _____

Date of Anniversary/ Birthday: Year ____ Month ____ Day ____

Date of Celebration: Year ____ Month ____ Day ____

Mr. & Mrs. Mr. Mrs. Miss.

Name: _____

Address: _____

Phone Number: _____

Contact/Mail in care of: _____

Address: _____

Phone Number: _____

Additional Information: _____

Please mail, fax or drop off this form to: Deputy Clerk
Township of Guelph/Eramosa
8348 Wellington Road 124
Box 700
Rockwood, ON
N0B 2K0

Fax: (519) 856-2240

Personal information on this form is collected under the legal authority of the Municipal Act, S.O. 2001, c.25 as amended. The information is collected and maintained for the purpose of creating a record pursuant to Section 27 of the Municipal Freedom of Information and Protection of Privacy Act. Questions about this collection should be directed to the Clerk's Office. 519-856-9596 ext. 125.

Alternate formats of this form are available upon request