



CITY OF WOODSTOCK
OPEN AIR BURNING – MEDICAL RELIEF



Name(s) of resident requesting relief:	
Municipal Address of relief property:	
Mailing Address:	
Town/City:	Postal Code:
Request received by:	Dr. note provided (attach) <input type="checkbox"/> Yes <input type="checkbox"/> No

ALL OPEN-AIR BURNING – MEDICAL RELIEF REQUESTS SHALL BE ADDRESSED IN ACCORDANCE WITH WOODSTOCK FIRE DEPARTMENT POLICY #7.4 – Relief from Open-Air Burning Due to Medical Condition

All Open-Air Burning – Medical Relief requests shall apply only to the name(s) on the accompanying Doctor's note

**** The provided Doctor's note shall not include the name or description of the Applicant's medical condition ****

Applicant Signature

Date

Completed forms can be mailed to or dropped off at:

Fire Hall Headquarters
P.O. Box 1539
1203 Parkinson Road
Woodstock, ON N4S 0A7