PORT HOPE PROJECT

SCHEDULING FORM

Port Hope Property Radiological Survey

Please fill out the information below and send this form back with your signed Property Survey Access Consent Form. This information will assist the Port Hope Area Initiative so we can contact you to schedule your Port Hope Property Radiological Survey appointment.*

Primary contact name(s): _____

Contact phone number: _____

Alternate phone number: _____

Port Hope property address: _____

Site Identification Number (found at the top of your letter): _____

Best time to reach you to schedule the appointment:

❑ **Any day, anytime**

❑ **9 a.m. to 12 p.m.**   ❑ **12 p.m. to 3 p.m.**   ❑ **3 p.m. to 6 p.m.**   ❑ **6 p.m. to 8 p.m.**

Best day to reach you:

❑ **Monday-Friday or**   ❑ **Weekends**

*If your property is being leased, it is your obligation to inform your tenant about the survey activities. Please ensure that the contact information for the person with whom we should make the scheduling arrangements and who will be at the property when the survey team visits is provided on this form.

To contact us:

Port Hope Area Initiative
115 Toronto Road, Port Hope, Ontario L1A 3S4
905-885-0291 • www.phai.ca • propertysurvey@phai.ca

Canada

PORT HOPE AREA INITIATIVE