

Garden Services Request

Name: _____ Date: _____

Phone: _____ email: _____

Date (s) of Event: _____

Time (s) of Event: _____

Location of Event: _____

Please indicate below city services are needed:

____ Yes ____ No Garden waste barrels
If yes: How many: _____

____ Yes ____ No Power

____ Yes ____ No Water

____ Yes ____ No Shovel
If yes: How many: _____ Type: _____

____ Yes ____ No Rake
If yes: How many: _____

____ Yes ____ No Wheel Barrow
If yes: How many: _____

Location to be placed: _____

____ Yes ____ No Mulch/Compost
If Yes: Type: _____ Quantity: _____

Location to be placed: _____

Additional information:

Email this form to: gardenservices@cityofottawa.org

Contact:
Heidy Eisert
815-433-0161 extension 131

Alaina Rivers
815-433-0161 extension 123