



CITY OF WELLAND
PUBLIC WORKS DEPARTMENT
CRITICAL WATER USER INFORMATION

Please submit the following information to the Public Works Department.

Name of Facility or Person:
Address:
Hours of Operation:
Emergency Contact Person:
Email Address:
Phone Number:
Why should you be considered a Critical Water User? Please Describe:
Signature:

For Residents with medical needs, please have your doctor fill out the below:

Doctor's Approval for Critical Water User Participation

Residents Name:
Residents Address:

My patient is required to participate in the City of Welland's Critical Water User Program because of a medical issue (e.g. Dialysis)

Doctor's Signature Approval

Date

Completed Form should be sent to: Steve McGean, Public Works
steve.mcgean@welland.ca
905-735-1700 ext 3004