



Municipality of Brighton
Schedule 'B' Municipal Class Environmental Assessment
Brighton Wastewater Treatment System

COMMENT FORM

Name (please print): Date:

I represent a(n):
(please select the most applicable) Resident Agency Public Interest Group Other Stakeholder

(please specify)

Do you wish to receive updates in regards to this project? YES NO

Contact Name

Agency (if applicable)

Address (number, street, and apt. no.)

(City, Province, Postal Code)

Phone E-mail

Please indicate any issue(s) that need to be explored/investigated as part of this Class EA:

Please provide any additional comments about this Class EA:



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Steve Saxton, P.Eng.
Civil Engineer
J.L. Richards & Associates Limited
203-863 Princess Street
Kingston, ON K7L 5N4
Email: ssaxton@jlrichards.ca
Phone: 613-544-1424

Bill Watson, P.Eng.
Chief Administrative Officer
Municipality of Brighton
35 Alice Street, P.O. Box 189
Brighton, ON K0K 1H0
Email: bwatson@brighton.ca
Phone: 613-475-0670



Note: Comments and information regarding this Study are being collected to assist the Ministry in meeting the requirements of the EA Act. This material will be maintained on file for use during the Study and may be included in project documentation. With the exception of personal information, all comments will become part of the public record