



COUNTY OF  
LAMBTON

# Notice of Disruption



**Date:**

**Type of Disruption:**

Reason for Disruption: \_\_\_\_\_

Anticipated Date of Termination of Disruption: \_\_\_\_\_

Alternative Facilities or Services Available:

\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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