



THE CORPORATION OF THE MUNICIPALITY OF WAWA  
BUSINESS DIRECTORY



**REGISTRATION FORM**

**I would like to include my business / organization information in the Municipality of Wawa Business Directory.**

**Authorized by:**

\_\_\_\_\_

Name (please print)

Signature

**Information to be listed in the directory:**

**Business Name:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

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

**Website:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Description:**

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

**Hours of Operation (if applicable):**

**Return completed form to:**

**Municipality of Wawa  
40 Broadway Avenue  
P.O. Box 500  
Wawa, ON P0S 1K0**

**Fax to: 705-856-2120**

**Email to: [lmann@wawa.cc](mailto:lmann@wawa.cc)**

*The personal information collected on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, Chapter M.56, and will be published in the Municipality of Wawa, Business Directory, which may be shared with the general public or other ministerial or local organizations to identify the businesses and services available in the community of Wawa. Questions about the collection should be addressed to the Municipal Clerk at 40 Broadway Avenue, Wawa, Ontario, telephone: (705) 856-2244.*