

City of Waterloo – CELM Change Form

Comment ID# _____

Optional Information

NAME: _____

EMPLOYER: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

Please complete this form digitally and submit to CELM@waterloo.ca We note these requests will be reviewed and may not be approved

Required Information

Date of Submission: _____

Reference to suggested change location: _____

Existing Text

Suggested Revision (the more detailed provided, the better)

Reasoning for Suggested Revision

DO NOT FILL OUT BELOW – CELM REVIEW TEAM USE ONLY

Revision Lead: _____

Date of Screening: _____

Initial Review Comments

Date: _____

List of IAPs:

City Utilities: Sanitary

City Utilities: Storm

City Utilities: Water

Transportation Engineering

Transportation Operations

Active Transportation

Development Engineering

Design and Construction

Engineering Infrastructure

Parks and Forestry

Planning

Other:

IAP Comments

Date Initiated: _____

Date Completed: _____

Revision for Approval

Date Approved: _____

Final Revision

Reason for Rejection

Date Rejected: _____