

Notification of Reopening of a Recreational Camp

Name of Camp:

Legal Name of Camp:

Municipality:

Location Address: *NOT Mailing Address if it is different from Location*

Camp Director:

Contact Phone:

Area Code

Phone Number

Opening Date:

Ready for Inspection Date: *earliest date before opening date*

Date Water Supply Ready for Use:

Closing Date:

Please mail, fax or email this completed form to:

Simcoe Muskoka District Health Unit
15 Sperling Drive
Barrie, ON L4M 6K9

Or

fax: 705-721-1495

☐ **Barrie:**

15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

☐ **Collingwood:**

280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

☐ **Cookstown:**

2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

☐ **Gravenhurst:**

2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

☐ **Huntsville:**

34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

☐ **Midland:**

B-865 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

☐ **Orillia:**

120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091