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Mayor

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Este es un aviso importante
por favor asegúrese que sea traducido

Continuation of Special Needs

Canal Street Roadway Improvement Project

Name: _____

Address: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Name or Type of Service: _____

Days Service is performed: _____ Time: _____

Will this service be performed during the entire length of the project (24 months)? Yes No

If no, when will the service start and end: _____

Is there any other information we should know about regarding this service that will help us to maintain its quality of delivery? Please attach additional documentation, if needed

Please return this form to the person listed below, or if you have any questions, please contact:

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