

Town Hall
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D.O. Box 190
Uxbridge, ON L9D IT1
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Web www.town.nxbridge.on.ca

Event Summary Report Form Township of Uxbridge

(This form is to be completed by the bartenders after the event occurs)

| Date of Event: | | | | |
|--|--|--------|------|--|
| Facility: | | | | |
| Event: | | | | |
| Event Organizer(s): | | | | |
| Did a disturbance occur? | | Yes | No 🗌 | |
| 1. | Describe the incident (with as much detail as possible): | | | |
| 2. | How was the disturbance/incident hand | led? ː | | |
| 3. | Were the police called? | Yes | No 🗌 | |
| Township of Uxbridge documents are available in alternate formats upon request. Please fill out the Accessibility Request for Alternate Formats Form at www.town.uxbridge.on.ca or contact the | | | | |

NOTE: Personal information on this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act R.S.O. 1990, c.F.31, s. 39 (2) for the purposes of regulating businesses. Questions about collection of personal information may be directed by mail to the address above.

Accessibility Coordinator at 905-852-9181 ext. 209 or at accessibility@town.uxbridge.on.ca.

| The name of the police officer who responded: | | | |
|---|--|--|--|
| Police officers' contact information: | | | |
| 4. How do you think the incident could have been avoided? | | | |
| | | | |
| Signature: | | | |
| Date: | | | |
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