



London
CANADA

MCA Registration Form

Company Information

*Name: _____

*Address 1: _____

Address 2: _____

*City: _____ *Province _____ *Postal Code _____

*Phone: _____ FAX: _____

Contact Information

*Name: _____ *email: _____

*Login: _____ *Phone: _____
(maximum 9 characters A-Z, 0-9 only)

Fax: _____ Cell: _____

*Security Question: _____
(e.g. What street did you grow up on?, Name of first pet? etc.)

*Answer: _____

*Please indicate: MCA Submitter MCA Reviewer/Approver

Contact Information

*Name: _____ *email: _____

*Login: _____ *Phone: _____
(maximum 9 characters A-Z, 0-9 only)

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*Security Question: _____
(e.g. What street did you grow up on?, Name of first pet? etc.)

*Answer: _____

*Please indicate: MCA Submitter MCA Reviewer/Approver

**required field
Duplicate as needed for additional users.*

*Please return to: Geomatics Division, Room L106, City of London
t: 519-661-4908 f: 519-661-6422 email: geomatics@london.ca*