



**Public Health  
Santé publique**  
SUDBURY & DISTRICTS

## Board of Health Mobile Device

I, (Name), confirm receipt of a Public Health Sudbury & Districts iPad mobile device, to be returned to Public Health Sudbury & Districts at the end of my term on the Board of Health. I have read, understand and will comply with the Board of Health Mobile Device Use Policy and Procedure.

(Signature)

(Date)

### **Sudbury**

1300 rue Paris Street  
Sudbury ON P3E 3A3  
t: 705.522.9200  
f: 705.522.5182

### **Rainbow Centre**

10 rue Elm Street  
Unit / Unité 130  
Sudbury ON P3C 5N3  
t: 705.522.9200  
f: 705.677.9611

### **Sudbury East / Sudbury-Est**

1 rue King Street  
Box / Boîte 58  
St.-Charles ON P0M 2W0  
t: 705.222.9201  
f: 705.867.0474

### **Espanola**

800 rue Centre Street  
Unit / Unité 100 C  
Espanola ON P5E 1J3  
t: 705.222.9202  
f: 705.869.5583

### **Île Manitoulin Island**

6163 Highway / Route 542  
Box / Boîte 87  
Mindemoya ON P0P 1S0  
t: 705.370.9200  
f: 705.377.5580

### **Chapleau**

101 rue Pine Street E  
Box / Boîte 485  
Chapleau ON P0M 1K0  
t: 705.860.9200  
f: 705.864.0820

### **Toll-free / Sans frais**

1.866.522.9200

**phsd.ca**

