Rural Municipality of Lake Lenore No. 399

PO Box 280 200 Main St St. Brieux, SK SOK3V0 P 306-275-2066 F 306-275-4667 C 306-920-7050 E RMLL@SASKTEL.NET W myrm.info/399

Application for Water Access

ALI	FIELDS ARE REQUIRED TO B	E FILLED OUT		
Customer Name:				
Mailing Address:				
Email Address:				
Cell Phone:				
Please Check One:				
	er of the RM of Lake Lenore N	No. 399		
	scription of RM399 uarter/Residence:			
_	scription of land n RM399			
O I am not a tax	payer of the RM of Lake Lend	ore No. 399		
Please initial each state				
I acknowledge and agre	prescribed fee to the RM of L	ake Lenore No. 399 for	each fob I require;	
1	onsible for all fobs that I purch e original fobs purchased;	nase, and am aware tha	t I shall be required to pay	for all replacement fobs if I
I am responsib			fob, and shall pay to the R	M of Lake Lenore No. 399 the
	ob purchases and water usag No. 399 with no advance wa	•	n time to time by resolutio	n of the Council for the RM
Signature of Custome	r		Date	
For Office Use Only:				
Fob # Assigned		Date Entered in Online System		<u></u>
Fob Receipt #		Staff Initials		_