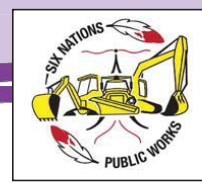




Once having completed this form please send to:
PublicWorksAdmin@sixnations.ca



OHSWEKEN, ONTARIO
Office: 519-445-4242

ACCOUNTS RECEIVABLE
1953 4th Line, PO BOX 131

CANADA NOA 1M0
Fax: 519-445-4763

SIX NATIONS PUBLIC WORKS CUSTOMER APPLICATION

DATE: _____

APPLICANT

10-DIGIT REGISTRY # (proof required): _____

LAST: _____ MIDDLE: _____ FIRST: _____

NICKNAME (if applicable): _____

PREVIOUS 10-DIGIT REGISTRY # if applicable: _____

CO-APPLICANT

10-DIGIT REGISTRY # (proof required): _____

LAST: _____ MIDDLE: _____ FIRST: _____

NICKNAME (if applicable): _____

PREVIOUS 10-DIGIT REGISTRY # if applicable: _____

SERVICE ADDRESS (if different from Mailing Address):

BLUE FLAG #: _____ ROAD: _____

MAILING ADDRESS:

BLUE FLAG #: _____ ROAD: _____

PO BOX: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

HOME #: _____ WORK #: _____ CELL #: _____

EMAIL: _____

Please check this box if you wish to receive all documents by email.

Personal information collected by Six Nations of the Grand River is used only for the purposes of managing your account. All personal information provided to Six Nations of the Grand River is kept in strict confidence and is not disclosed to any outside third parties, unless required by law. Six Nations of the Grand River will only use and disclose personal information internally for the original purpose for which it was obtained or for any use compatible with the original purpose for which it was obtained, except where such use may be prohibited by law.

APPLICANT SIGNATURE: _____

CO-APPLICANT SIGNATURE: _____

For Originating Department Use Only

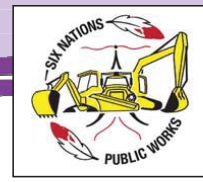
Verified by (Signature): _____

Print Name: _____



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SIX NATIONS PUBLIC WORKS CUSTOMER APPLICATION Page 2

<u>For Accounts Receivable Use Only:</u>	
Arrears Y/N	If Yes, indicate department and amounts: _____ _____
Verified by:	Date: _____
Account #:	National Account #: _____
Group Code:	Entered by: _____
Date:	Signature: _____