

REQUEST FOR RESIDENCY LETTER

DATE: _____

NAME: _____

DATE OF BIRTH: _____

REGISTRY #: _____

REASON FOR REQUEST

_____ TAXES

_____ HEALTH CARD

ADDRESS: _____

BLUE #

ROAD _____

DO YOU OWN THE PROPERTY WHERE YOU RESIDE ____ YES ____ NO

- IF NO PLEASE PROVIDE SIGNED LETTER BY PROPERTY OWNER STATING YOU RESIDE AT THAT ADDRESS.

PROPERTY DESCRIPTION

LOT _____ CONCESSION _____ TOWNSHIP _____

PHONE # _____

- PLEASE NOTE THAT IF YOU ARE RENTING THAN YOU WILL NEED TO PROVIDE THIS OFFICE WITH A SIGNED LETTER FROM THE PROPERTY OWNER.
- A MINOR (17 YRS & UNDER) REQUIRES PROPERTY OWNER TO STATE IN WRITING THAT APPLICANT RESIDES AT THE ADDRESS STATED.

SIGNATURE OF APPLICANT: _____