



**CANOE LAKE CREE FIRST NATION
HOUSING AND PUBLIC WORKS DEPARTMENT**



**P.O. Box 231
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Phone: (306) 829 2150
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BAND RENOVATION APPLICATION

NAME: _____ DATE: _____

TREATY #: _____ D.O.B.: _____

ADDRESS: _____

PHONE #: _____ CELL #: _____

DEPENDANTS: _____

LIST OF WHAT NEEDS TO BE RENOVATED:

A) _____

B) _____

C) _____

D) _____

E) _____

F) _____

I UNDERSTAND THT THERE IS NEVER ENOUGH FUNDING TO GO AROUND FOR ALL THE RENOVATIONS THAT ARE NEEDED. I WILL BE SATISFIED WITH WHATEVER REPAIRS AND IMPROVEMENTS I SHALL RECEIVE TOWARDS THIS HOUSE.

SIGNED BY APPLICANT: _____