REQUEST FOR REFUND

Date: _____ **Roll Number:** _____

Property Owner(s): _____

_____

Civic Address: _____

Mailing Address: _____

City/Town: _____ Prov:_____ Postal Code:_____

Phone Number: _____

Email Address: _____

Amount Requested: $_____

Signature of Applicant(s): _____

(The above information may be added to the contact information on file.)

Applications can be submitted by the following:

Mail: Box 2 Group 35 RR1
East Selkirk, MB R0E 0M0

Email: info@rmofstclements.com

Fax: 1-204-482-3098

In Person: 1043 Kittson Road, East Selkirk, MB
(There is a drop slot located at the back entrance door on the South side of the building.)

For Office Use Only

Tax Credit Amount: $_____

Outstanding Utility: $_____ **To be deducted** **Yes / No**

Remaining Refund: $ _____

Completed by: _____ **Verified by:** _____