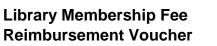
## THE RURAL MUNICIPALITY OF WEST ST. PAUL





		3550 Main Street
		WEST ST. PAUL, MB. R4A 5A3
		Ph: 204-338-0306
		Fax: 204-334-9362
		Email: info@weststpaul.com
Name:		Roll No.
Address:		
		Postal Code:
Phone:		
Confirmation of Residency:	Driver's Licence	Manitoba Health
	Signature of Resident	E
	Date Received:	20
<b>Resolution #</b> 2016-251		
payment of membership and re	cil of the Rural Municipality of Wes esidency in the RM of West St. Paul, to the City of Winnipeg, City of Sell	approves a refund of up to

AND FURTHER BE IT RESOLVED THAT residents must provide proof of payment in the year no later than January 15 of the following year (submissions received after this date will not be processed).

Signature of	of Approval	
--------------	-------------	--

Amount:

Date: 20

NB: Attach receipt on back of form

LIB GL 580-200-180