



Office use only

File# _____

Regional File # _____

Locatee

Band

APPLICATION FOR LEASE

(LANDLORD) Indian and Northern Affairs Canada (INAC)

For further information regarding this application please contact the Land Management Office at the following address and phone number:

**SAUGEEN FIRST NATION
LAND MANAGEMENT & LEASING
P.O. BOX 640,
SOUTHAMPTON ON NOH 2L0**

Phone: (519) 797-3039 **Fax:** (519)797-3452

E-mail: Land.mgt@bmts.com

PART I - APPLICANT(S) INFORMATION

I/We the undersigned,

Given Name(s): _____ Surname(s) or Family Name(s): _____

Street and Number: _____

City/Town/Village: _____ Province/State: _____ Postal Code/ Zip: _____

Telephone #: (____) _____

Employer: _____

hereby apply for a grant of Leasehold Interest in the following property, subject to the right of Her Majesty to accept or reject this application.

NOTE: IF MORE THAN ONE LESSEE, PLEASE INDICATE TYPE OF TENANCY REQUESTED.

Joint Tenancy (Rule of Survivorship)

Tenancy in Common

PART II - DESCRIPTION OF PROPERTY

Lot #, Block: _____

Range, Concession: _____

C.L.S.R. Plan: _____ R.S.O.: _____ (Sketch attached if applicable) Yes No

Reserve: Saugeen First Nation # 29,

