



Office use only
File# _____
Regional File # _____
<input type="checkbox"/> Locatee <input type="checkbox"/> 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,

