

HARVESTERS SUPPORT PROGRAM FUEL SUBSIDY



TO BE COMPLETED BY APPLICANT			
Last Name		First Name	
Date of Birth YYYY/MM/DD		SLFN Treaty Number	
Address		City/Town	Prov/Terr
Telephone ()	Cell ()	Postal Code	

HOUSEHOLD INFORMATION		
Please list the names and ages of the people in your household:		
Age	Name	Relation

HARVESTING ACTIVITY					
Please identify your level of harvesting activity for the year:					
<input type="radio"/> Small Game	Quantity	<input type="radio"/> Large Game	Quantity	<input type="radio"/> Migratory Birds	Quantity

Please submit complete applications to:

Smith's Landing First Nation
 PO Box 1470
 Fort Smith, NT X0E 0P0
 F: (867) 872-5154
 E: reception@slfn196.com

This information is being collected will be used to determine my eligibility for Smith's Landing First Nation Harvesters Support Program – Fuel Subsidy and for the general administration and enforcement of the program. All applicants have the right to examine and request correction of his or her records and request a review by Smith's Landing First Nation. If you have any questions about the collection of information, contact Smith's Landing First Nation at (867) 872-4950.