## **MOVE INFORMATION**

MOVE IN BAND	MEMBER - PERSONAL INFORMA	ATION dd mm	уууу	
Name:		Treaty#:		
House address:				
		Email:		
Source of Income:	Employer:	Work#:		
	Social Assistance Pension	Disability EI Benefits		
House Status: Owner   Tenant   If tenant, name of owner?				
Previous Address:		Date Vacated:/ddm	m yyyy	
Spouse / Roommate Information (see back for additional Roommate information)				
Name:		Treaty#:		
Relationship: Spot	use Roommate			
Primary Phone#:	Alternate Phone #:	Email:		
Source of Income:	Employer:	Work#:		
	Social Assistance Pension	Disability EI Benefits		
Previous Address:	5	Date Vacated:/_		
MOVE OUT Prev	dana Tanant	dd m	т уууу	
1990	Tous Tenant	Deta Vandala	7	
Name:	5 600		nm yyyy	
Forwarding Addres	oc.sry			
Primary Phone#:	Alternate Phone #:	Email:		
Meter Reading:	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	ELECTRIC Tag# MH	, ie	
Note: Indicate exact placement of dial hands. Final reading will be estimated unless a reading is supplied. Vacant properties are billed to the Band/Owner.				

Effective Date \_\_\_\_/\_\_\_/

PLEASE FAX COMPLETED FORM TO: (204) 360-6156

Additional Roommate Information

Roommate Inform	nation	
Name:		Treaty#:
Primary Phone#:	Alternate Phone #:	Email:
Source of Income:	Employer:	Work#:
	Social Assistance Pension Pension	Disability EI Benefits
Previous Address:		Date Vacated://
		dd mm yyyy
Roommate Inform	nation	
Name:		Treaty#:
Primary Phone#:	Alternate Phone #:	Email:
Source of Income:	Employer:	Work#:
	Social Assistance Pension Pension	Disability EI Benefits
Previous Address:		Date Vacated: / / /
Roommate Inform	nation	
Name:		Treaty#:
Primary Phone#:_	Alternate Phone #:	Email:
Source of Income:	Employer:	Work#:
	Social Assistance Pension Pension	Disability EI Benefits
Previous Address:		Date Vacated: / / dd mm yyyy
Roommate Inform	nation	
Name:		Treaty#:
Primary Phone#:	Alternate Phone #:	Email:
Source of Income:	Employer:	Work#:
	Social Assistance Pension	Disability   EI Benefits
Previous Address:		Date Vacated:// dd mm yyyy