



APPLICANT

Applicant name		Company Name (if applicable)	
Mailing Address			
Phone#:	Cell #:		Fax #:
Email Address:			
PROPERTY INFORMATION			
Civic Address			
Legal Description			
Lot Block	Plan#	TW	
Your Interest in this property (Check ONE):			
Owner Realtor Lawyer Purchase			
Please indicate how you want the PID delivered to you (Check ONE delivery method only) We will use the information provided in Applicant section.			
Mail E-mail Fax Number Pick Up in person (we will contact you at the phone # provided in Applicant section)			
APPLICATION FEE: Applicant will be invoiced \$15.00 (payment methods: debit, cash or cheque)			
SIGNATURE OF APPLICANT		DAT	

Note: There is a maximum of three (3) business days for this service, please allow adequate time.

TOWN OF OSLER 228 WILLOW DRIVE, PO BOX 190 OSLER, SK SOK 3A0

Email: info@townofosler.com Phone: (306) 239-2155 Fax: (306) 239-2194 Website: www.osler-sk.ca