

**APPLICATION FEE:** 

SIGNATURE OF

**APPLICANT** 



APPLICANT			
Applicant name		Company Name	(if applicable)
Mailing Address			
Phone#:	Cell #:		Fax #:
Email Address:			
PROPERTY INFORMATION			
Civic Address			
Legal Description			
Lot Block Plan#			
Your Interest in this property (Check ONE):			
Owner Realtor Durchase			
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)			

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

DATE

Applicant will be invoiced \$15.00 (payment methods: debit, cash ,cheque, VISA or Mastercard)

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