

## **APPLICATION FORM**

## **RAIN BARREL / GRANT PROGRAM**

Name:	First name:
Address:	Postal Code:
Telephone (home):	Telephone (other):
Email:	<del></del>
ELIGIBILITY CONDITIONS	
• Be a Town of Pincourt resident;	
• The rainwater recovery barrel wa	s purchased, as a priority, from a business located in Pincourt.
SUPPORTING DOCUMENTS TO	INCLUD WITH THE APPLICATION
• Application form signed by the ov	vner
• Proof of residence (driver's licens	e, public utility bill, etc.)
• Product identification, including s	pecifications
Original invoice for the purchase	of the new rainwater recovery barrel
Submit the application form and s	apporting documents to:
	Town Hall Town of Pincourt
919,	chemin Duhamel, Pincourt (Québec) J7W 4G8
	Or by email at
	c.masse@villepincourt.qc.ca
COMMITMENT	
l,	(in block letters), agree to abide by the terms and
conditions of the grant program re	ated to this application. I authorize the Town to visit the premises to verify
the accuracy of the application. I co	rtify that the requested grant is for a residence located in the Town of
Pincourt.	
Signature :	Date :