



APPLICATION FORM

SUSTAINABLE PERSONAL CARE PRODUCTS (SPCP) / GRANT PROGRAM

Name: _____ First name: _____

Address: _____ Postal Code: _____

Telephone (home): _____ Telephone (other): _____

Email: _____

ELIGIBILITY CONDITIONS

- Be a Town of Pincourt resident;
- Must have purchased the product within the 12 months preceding the application, from a company established in Quebec, (online or physical commerce).

SUPPORTING DOCUMENTS TO INCLUDE WITH THE APPLICATION

- Application form signed by the owner;
- Proof of residency (driver's license, utility account, etc.);
- Original invoice(s) for the purchase of SPCP covering a 12-month period from January 1 to December 31 of the current year.

Submit the application form and supporting documents to:

Town Hall Town of Pincourt
919, chemin Duhamel, Pincourt (Québec) J7W 4G8

Or by email at

c.masse@villepincourt.qc.ca

COMMITMENT

I, _____ (in block letters), agree to abide by the terms and conditions of the grant program related to this application. I authorize the Town to visit the premises to verify the accuracy of the application. I certify that the requested grant is for a residence located in the Town of Pincourt.

Signature : _____ Date : _____