



VILLE DE  
**PINCOURT**

## APPLICATION FORM SHREDDER BLADE GRANT PROGRAM

Name: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Telephone (other): \_\_\_\_\_

Email: \_\_\_\_\_

### ELIGIBILITY CONDITIONS

- Be a Town of Pincourt resident
- Proof that the shredder blade is a commercially available product specifically designed by the manufacturer for lawn and leaf shredding
- Proof that the shredder blade was purchased, as a priority, from a business located in Pincourt

### SUPPORTING DOCUMENTS TO INCLUDE WITH THE APPLICATION

- Proof of residence
- Original invoice for the purchase of the shredder blade
- Proof that the shredder blade is a commercially available product specifically designed by the manufacturer for lawn and leaf shredding

### Submit the application form and supporting documents to:

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

### COMMITMENT

I, \_\_\_\_\_ (please print), 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 this application. I certify that the requested grant is for a residence located in the Town of Pincourt.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_