VILLE DE PINCOURT

Snow removal contractor permit request - Winter ____/____

Company Name	
Enterprise Number (NEQ)	Copy enclosed (mandatory)
Liability Insurance (2M)	Copy enclosed (mandatory)
Phone No.	
Address	
City, Province	
Postal Code	

Main Contact	
Cell No.	
Email	
Second Contact	
Cell No.	
Email	

*Equipment	Registrations	Plate No.
	Enclosed	
	Enclosed	
	Enclosed	
	Enclosed	
	Enclosed	
	Enclosed	
	Enclosed	
	Enclosed	
	Enclosed	
	Enclosed	
* Pick-up only if 2 of above equipment are used		

*Equipment	Registrations	Plate No.
	Enclosed	
	Enclosed	
	Enclosed	
	Enclosed	
	Enclosed	
	Enclosed	
	Enclosed	
	Enclosed	
	Enclosed	
	Enclosed	
* Pick-up only if 2 of above equipment are used		

Representative signature _____ Date _____

Name in print _____ Submit by email at: reception@villepincourt.qc.ca

FOR ADMINISTRATIVE USE ONLY

PERMIT NO.
____-D____

ANNUAL + STICKER FEES ($10/ea.)			
$100			
Annual fees	Nb of Vehicles	$ due	Rec'd on

PERMIT DEL.
Date