WITHDRAWAL FORM

2100 Cornwall St., Regina, SK S4P 2K7 Toll Free: 1-877-414-7644
Fax: (306) 522-3717 Email: smhi@smhi.ca

WDL # _____
(Head Office Use Only)

OW # _____

FOR THIS WITHDRAWAL TO BE EFFECTIVE FOR THE CURRENT YEAR IT MUST BE RECEIVED OR POSTMARKED NO LATER THAN MARCH 31ST

I, _____ hereby notify you to withdraw from the operations of the Municipal Hail Insurance Act,
Print Name(s)

the following lands, which are liable to assessment in the R.M. of _____ No. _____

IMPORTANT: This withdrawal MUST include all cultivated lands owned in this Municipality and/or lands to be withdrawn as pasture. Please indicate acres in parcel and type of withdrawal.

1. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
2. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
3. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
4. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
5. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
6. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
7. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
8. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
9. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
10. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
11. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
12. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
13. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
14. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
15. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
16. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
17. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
18. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
19. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____
20. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. ____

ACRES IN PARCEL	*Check (√) one box for each parcel.* CULTIVATED	PASTURE

PAGE _____ of _____

I certify that I am the owner of the above described land, all acres stated are correct and I hereby request that these lands be withdrawn in this Municipality.

_____ *Date* _____ *Signature* _____ *Address*