

OW# _____

WITHDRAWAL FORM

WDL # _____
(Head Office Use Only)

To the Secretary, Saskatchewan Municipal Hail Insurance Association
2100 Cornwall St., Regina, SK S4P 2K7 Toll Free: 1-877-414-7644 Fax: (306) 522-3717

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IMPORTANT: This withdrawal MUST include all cultivated lands owned in this Municipality and/or lands to be withdrawn as pasture.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. _____

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

If more than 8 locations are to be withdrawn, attach another form.

PAGE ___ of ___

For this withdrawal to be effective for the current year it must be received or postmarked no later than **March 31st.**

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that I am the owner of the above described land, all acres stated are correct and I hereby request that these lands be withdrawn in this Municipality .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