THE BATTLEFORDS HOUSING AUTHORITY

The Battlefords Housing Authority
831 104th Street
North Battleford, SK S9A 4B2
Phone: 306-445-4393 Fax: 306-446-1277
Email: battlefords@housingauthoritysk.com

Date: _____

Tenant Name(s): _____

Tenant Address: _____

Tenant Phone #: _____

I/We request permission to:	Approved	Denied
1)		
2)		
3)		
4)		

I am/We are aware all costs will be my/our responsibility and upon vacating the premises I/we will remove this item and return the premises to its original condition. I am/We are aware The Battlefords Housing Authority will charge me/us if the unit is not returned to its original condition. I/We agree to abide by all regulations or instructions for installation/removal provided by the Housing Authority.

Work to be completed by:

_____
(Contractor Name)

_____
(Tenant signature)

_____
(Tenant signature)

Office Use Only:

*Date:*_____ *Authorized By:*_____