PLEASE COMPLETE FORM AND RETURN TO R.M. OFFICE
VIA EMAIL OR LETTERMAIL FOR UPDATING OF CONTACT INFORMATION.
PLEASE DISREGARD IF YOU HAVE PREVIOUSLY SUBMITTED THE FORM.

Rural Municipality of Leask No. 464
Ratepayer Information Form

Name: _____

Legal Land Description: _____

Mailing Address: _____

Phone Number: _____

Cell Phone Number: _____
(for optional text message notifications)

Participation in Mass Text Messaging System: Yes No **(please circle one)**

Email Address: _____

Personal information on this form is collected solely for the purpose of updating the R.M. of Leask database and adding your cell phone number to the mass text message notification system. Should you not be interested in participating in the text messaging system, please indicate as such above.

Signature: _____

Ratepayer Information Form: If you have not previously completed this form, please do so and return to the R.M. office. Contact information is **essential** for effective and immediate communication with ratepayers regarding municipal concerns and emergency situations.