

## **EMERGENCY MANAGEMENT**

## **Traffic Enforcement:**

Tranic Emorecment		Number.	
Traffic Permit Application	Date o	Date of Application:	
First Name:	Last Name:		
Address:			
City/Town:	Province:	Postal Code:	
Phone Number:	Email:		
Reason For Application: Attach proof			
Medical (describe without including prival Groceries (write "yes" if so): Employment (write "yes" if so): Other (describe):			
Intended Destination:			
Date of Intended Departure:	<i>O</i> *	· Q <sup>to</sup>	
Date of Intended Return:			
Additional Travellers:	Relationship		
	·		
Signature of Applicant (just write na		e/computer):	

This application does not guarantee that it will be approved. Through the COVID-19 pandemic, we are taking strong measures to ensure the safety of all residents of our communities. Only essential and emergency travel will be allowed. Send this completed application, along with your proof for application to <a href="mailto:ERFNEmergency@gmail.com">ERFNEmergency@gmail.com</a> or text 306-240-6528 for more information.

Internal Use Only:		PERMIT NUMBER: _	
Approved Reason:	Not-approved	Signature:	