



QIKIQTANI INUIT APPLICATION APPLICATION FOR RECREATIONAL LEASE ON INUIT OWNED LANDS

1. Applicant's name and mailing address (Full name, no initials)

Last Name:	First Name:
Box Number:	Community:
Postal Code:	Phone Number:
Fax Number:	Beneficiary No.:

2. Purpose of cabin:

3. Description of Cabin (size, materials, etc.)

4. Coordinates of Cabin:

Lat:	Long:
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5. Inuit Place Name: _____

English Place Name: _____

6. Proposed disposal methods:

Garbage:
Grey Water:

7. Period of Use (Please check):

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JUL	AUG.	SEPT.	OCT.	NOV.	DEC.
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8. Inuit land parcel number or location of area: _____

Summary of activities:

Signature: _____ Date: _____