



# Office of the Treaty Commissioner

Fax or email order to: [adaniels@otc.ca](mailto:adaniels@otc.ca) 306.667.5654

Date: \_\_\_\_\_ Organization: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Community Bus ships to: \_\_\_\_\_

P.O. #: \_\_\_\_\_ ( Please attach)

Resources needed (include quantity of each):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
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