



APPLICATION FORM

BATTERY/ELECTRIC/MANUAL GARDENING TOOLS / GRANT PROGRAM

Name: _____ First name: _____

Address: _____ Postal Code: _____

Telephone (home): _____ Telephone (other): _____

Email: _____

ELIGIBILITY CONDITIONS

- Be a Town of Pincourt resident;
- The gardening tool was purchased, in priority, from a business located on the territory of the Town of Pincourt (or the MRC de Vaudreuil-Soulanges).

SUPPORTING DOCUMENTS TO INCLUD WITH THE APPLICATION

- Proof of residence;
- Original invoice for the purchase of the gardening tool

Submit the application form and supporting documents to:

Town Hall Town of Pincourt
919, chemin Duhamel, Pincourt (Québec) J7W 4G8

Or by email at

c.masse@villepincourt.qc.ca

COMMITMENT

I, _____ (in block letters), agree to abide by the terms and conditions of the grant program related to this application. I authorize the Town to visit the premises to verify the accuracy of the application. I certify that the requested grant is for a residence located in the Town of Pincourt.

Signature : _____ Date : _____