



Lac La Ronge Indian Band

Administration

Home Security System Form

Date: _____

Member Name: _____

Treaty Number: _____

Address: _____

Amount: \$ _____

Receipt: _____ *(Attached)*

GL Code: _____

Waiver: Yes OR No

*If any criminal activity was caught on the home security camera's,
do we have permission to access the footage:

Approval: _____

Date: _____