



PO REQUISITION FORM

EVACUATION 2025 – FOOD REPLACEMENT

Applicant: _____

STATUS NUMBER: 353 _____

OTHER OCCUPANTS IN THE HOME	RELATIONSHIP (spouse, daughter, son, etc.)
1	
2	
3	
4	
5	
6	
7	

PHYSICAL ADDRESS: _____
House # Street Name

TOWN/COMMUNITY: _____

*** FOR OFF-RESERVE RESIDENTS SUBMIT UTILITY BILL SHOWING PHYSICAL ADDRESS ***

SELECT VENDOR: (Please circle your choice) KEETHANOW FOOD SUPERMARKET LA RONGE COOP

SIGNATURE _____

DATE _____

- ONLY FOR:
1. LLRIB MEMBERS RESIDING ON RESERVE IN LA RONGE 156 AND KITSAKIE 156B
 2. LLRIB MEMBERS RESIDING IN AIR RONGE AND TOWN OF LA RONGE

Office Use Only:

PREPARED BY: _____