



AMENDMENT REQUEST FORM

Name of Organization: _____

Lottery Licence Number: _____

Nature of Amendment Request:

▶ IF A FORMAT CHANGE IS REQUIRED, ATTACH THE NEW FORMAT ◀

REQUEST SUBMITTED BY: _____

(Name and Position Held)

(Name and Position Held)

FEE PAID: \$ _____

DATE RECEIVED: _____

RETURN TO: TOWN OF HAY RIVER
73 WOODLAND DRIVE
HAY RIVER, NT X0E 1G1

(867) 874-6522 (PHONE)

(867) 874-3237 (FAX)