



## 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: \_\_\_\_\_  
(Position Held)

\_\_\_\_\_  
(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)