# WITHDRAWAL FORM

2100 Cornwall St., Regina, SK S4P 2K7 Toll Free: 1-877-414-7644
Fax: (306) 522-3717 Email: smhi@smhi.ca

WDL # _____
(Head Office Use Only)

OW # _____

**FOR THIS WITHDRAWAL TO BE EFFECTIVE FOR THE CURRENT YEAR IT MUST BE RECEIVED OR POSTMARKED NO LATER THAN MARCH 31ST**

I, _____ hereby notify you to withdraw from the operations of the Municipal Hail Insurance Act,
Print Name(s)

the following lands, which are liable to assessment in the R.M. of _____ No. _____

IMPORTANT: This withdrawal MUST include all cultivated lands owned in this Municipality and/or lands to be withdrawn as pasture. Please indicate acres in parcel and type of withdrawal.

1. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
2. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
3. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
4. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
5. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
6. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
7. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
8. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
9. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
10. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
11. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
12. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
13. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
14. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
15. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
16. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
17. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
18. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
19. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____
20. Qtr. _____ Sec. _____ Twp. _____ Rge. _____ M. _____

| ACRES IN PARCEL | Check (√) one box for each parcel. CULTIVATED | PASTURE |
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PAGE _____ of _____

**I certify that I am the owner of the above described land, all acres stated are correct and I hereby request that these lands be withdrawn in this Municipality.**

_____ *Date*

_____ *Signature*

_____ *Address*

2021