



**SWEETGRASS
FIRST NATION**

TREATY SIX

**Mail: Sweetgrass First Nation
P.O. Box 147 Gällivan, SK
S0M 0X0**

Phone: 306-937-2990 Fax: 306-937-7010

Email: reception@sweetgrassfirstnation.ca

DISCREPENCY FORM:
FOR RELEASE OF SWEETGRASS FIRST NATION
2024 CHRISTMAS PER-CAPITA DISTRIBUTION!

I, _____ am a registered member of Sweetgrass First Nation.

or

My child, _____ is a registered member of Sweetgrass First Nation.

Treaty Status Number is _____.

I am requesting a cheque made out to _____ for the 2024 CHRISTMAS PCD.

Name (Please Print)	Signature	Date
---------------------	-----------	------

Witness Name (Please Print)	Signature	Date
-----------------------------	-----------	------

*****PLEASE ATTACH SUPPORTING DOCUMENTS*****