



APPLICATION - 2022 STARLINK PROJECT

\$100 Application Fee

Date: _____

The Rural Municipality of St. Laurent
PO Box 220, St. Laurent, MB R0C 2S0 Tel: 204-383-0200 Fax: 204-646-2705
Email: rmofstlaurent@gmail.com

PROPERTY DESCRIPTION

Roll # _____

Civic (blue sign) _____

Legal Lot _____ Block _____ Plan _____

Section _____ Township _____ Range _____

Assigned Processing No#

FOR OFFICE ADMINISTRATION ONLY

Payment details: \$100

Payment type _____

Receipt: _____ GL 210-200-465

REGISTERED OWNER(S): _____ *Written approval for a Renter (if applicable)* _____

Name(s): _____ Signature: _____

Mailing Address: _____

Tel: _____ Email: _____

APPLICANT (other than Registered Owner(s) "Renter"):

Name(s): _____ Signature: _____

Mailing Address: _____

Tel: _____ Email: _____

Note: If you are a renter, you must obtain written approval from the registered owner(s).

Who installed your Starlink Equipment? _____

I will allow for the R.M. of St. Laurent Contractor to provide the final inspection, and the recording of the serial number(s) based on a mutual time. I understand that the R.M. of St. Laurent is not liable for any faulty equipment or damages and does not warrant the installer's work.

I have read and understand the Starlink Project Policy – R.M. of St. Laurent, and agree to terms and conditions provided therein.

SIGNATURE: _____ Date: _____

- Documents checklist:
- ___ Photo ID
 - ___ \$100 Application fee
 - ___ Copy of Invoice(s) from Starlink for equipment received
 - ___ Copy of recent Starlink Account verifying unit/account is active

APPROVED _____ **NOT APPROVED** _____

Go to Internal Claim Form "A" if approved – Satellite RM Contractor