

**THE RURAL MUNICIPALITY
OF WEST ST. PAUL**

**Library Membership Fee
Reimbursement Voucher**



3550 Main Street
WEST ST. PAUL, MB. R4A 5A3
Ph: 204-338-0306
Fax: 204-334-9362
Email: info@weststpaul.com

Name: _____ **Roll No.** _____

Address: _____

Postal Code: _____

Phone: _____

Confirmation of Residency: _____ **Driver's Licence** _____ **Manitoba Health**

Signature of Resident

Date Received: _____ **20** _____

Resolution # 2016-251

BE IT RESOLVED THAT the Council of the Rural Municipality of West St. Paul, upon proof of payment of membership and residency in the RM of West St. Paul, approves a refund of up to 50% of the cost of membership to the City of Winnipeg, City of Selkirk or Town of Stonewall library per year;

AND FURTHER BE IT RESOLVED THAT residents must provide proof of payment in the year no later than January 15 of the following year (submissions received after this date will not be processed).

Signature of Approval

Amount: _____ **Date:** _____ **20** _____

NB: Attach receipt on back of form

LIB GL 580-200-180