



Data Collection Form – Wildfire Evacuation Funds

1. Personal Information:

Name (First, Last): _____

Village of Air Ronge - Residential Civic Address:

House #: _____ Street: _____

Contact Information:

Phone Number ☐ Cell or ☐ Home: _____

Email Address: _____

2. Age Verification (must be 18 years old):

ID provided: ☐ Driver's license or ☐ Other (specify) _____

Birthdate: month, day, year (prior to June 13, 2007) _____

3. Residence Verification

Proof of Residency provided:

☐ Driver's license

☐ Utility Bill (specify provider) _____

☐ Other (specify) _____

4. Banking Information

Bank Code: _____ Transit: _____ Account Number: _____

5. Agreement to Collection and Use

The information collected on this form is for the sole purpose of administering payment related to the 2025 Wildfire evacuation funds provided by the Government of Saskatchewan to the Northern Village of Air Ronge.

I consent to the collection and use of my data as described above.

6. Authorization:

Signature: _____ Date: _____

On behalf of the Village of Air Ronge:

Form Collection Name & Signature: _____

Office Use Only

Copies Attached:

☐ Age Verification (specify document) _____

☐ Residency Verification (specify document) _____

☐ Banking Information – void cheque or bank form

Payment Date:

Batch: