



ACKNOWLEDGEMENT OF KAHNAWÀ:KE LAND ALLOTMENT POLICY

Whereas I/we (Applicant Name) _____ with a
Band number of _____ and (Co-Applicant Name) _____
with a Band number of _____ acknowledge that I/we have read and understood the
contents of the *Kahnawà:ke Land Allotment Policy*.

I/we agree to follow and be bound by the policies, obligations, and requirements to obtain a Common
Land Allotment in Kahnawà:ke, subject to the approval of my/our application.

***ALL DOCUMENTS MUST BE SIGNED IN THE PRESENCE OF THE
LAND ALLOTMENT ADMINISTRATOR.***

Applicant Signature

Date

Co-Applicant Signature

Date

Land Allotment Administrator
Witness Signature

Date