**

**Customer Information Form**

**Internet Access Grant**

Please fill out this form to receive an internet access grant.

(Please print.)

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City or Town:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **, Yukon Postal Code: Y**\_\_\_\_\_\_\_\_\_\_

**Telephone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Grant Requested:**  Up to 3 months of receipt(s) attached: ☐

**Installation Required?** ☐ If the box at left is checked, please attach installation receipts.

**Internet Connection Type:** ☐ Cable ☐ Satellite ☐ Cell ☐ DSL ☐ Other: \_\_\_\_

**Equipment Purchase:** ☐ Laptop ☐ Desktop ☐ Tablet with Wi-Fi ☐ Cell with Wi-Fi

If a box in the line above is checked, please attach equipment receipts.

**Chequing Account #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for electronic funds transfer)

(Please provide a voided cheque if possible.)

**Age:** ☐ Over 55 years of age ☐ Under 55 years of age

**How did you hear about this grant?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

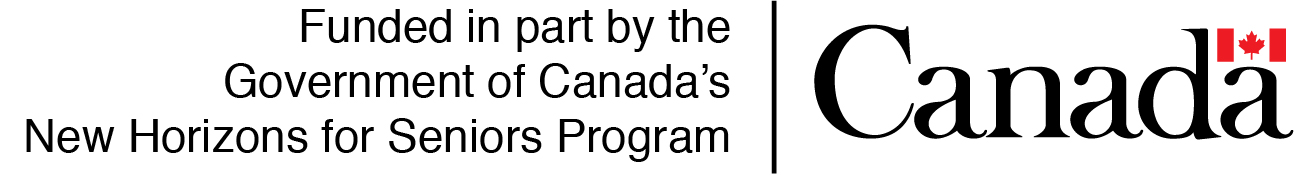
*Note:*

*All personal information will be kept confidential. Aggregated information may be used for program evaluation and reporting pu­rposes. Grant payments may be made using electronic funds transfer or by cheque. Each grant payment will be paid on receipt of proof of expenditures authorized under this program. Grants are subject to availability of funds.*

*I agree to these terms.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SignatureDate

**

*Working to prevent lung disease*

Project Co-sponsor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For office use only:

Request #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Internet Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt Log:

Item # Description Amount Date Paid Comments

**Customer Information Form**

**Internet Access Grant**

For office use only:

Request #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Internet Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt Log:

Item # Description Amount Date Paid Comments

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