

Instruction

It is the responsibility of the person incurring expenses to file a complete and accurate notice. Please print or type information (except signatures).

Box A: Notice of Registration (Individuals, Corporations and Trade Unions)

Registration for an Individual, Corporation or Trade Union in the Following Municipality

Name of Individual, Corporation or Trade Union (Registrant)

Mailing Address (Registrant)

Suite/Unit Number	Street Number	Street Name
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Municipality	Province	Postal Code
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Email Address	Telephone Number	Telephone Number 2
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Box B: Designation of an Official Representative (Corporations and Trade Unions)

Name of person signing (Official Representative)

Last Name or Single Name	Given Name(s)
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Mailing Address (Official Representative)

Suite/Unit Number	Street Number	Street Name
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Municipality	Province	Postal Code
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Email Address	Telephone Number	Telephone Number 2
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Box C: Additional Information (Corporations)

Business Name

Corporation Number (Indicate whether Ontario Corporation Number, Federal Corporation Number, etc.)

Names of Principal Officers

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |

Box D: Declaration of Qualification

I, _____, the Registrant (or Official Representative of the Registrant), referred to in this notice, do hereby declare that:

- (1) The information in this notice of registration is, to the best of knowledge and belief, true;
- (2) The Registrant is qualified to be registered as a third party advertiser; and
- (3) I am authorized to sign on behalf of the Registrant (applies only where the Registrant is a corporation or trade union).

Signature of Registrant (or Official Representative)

Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd)	Time Received	Initial of Registrant (or Official Representative) (if filed in person)	Signature of Clerk or Designate
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Certification by Clerk or Designate

I, the undersigned clerk of this municipality, do hereby certify that I have examined the notice of registration of the aforesaid registrant filed with me and am satisfied that the registrant is qualified to incur expenses and that the notice of registration complies with the Act.

Signature of Clerk or Designate _____

Date Certified (yyyy/mm/dd)

Cash Receipts

Receipts Listing for Deposit #75880 [Chq# 270 - RC] 2026-04-16

Receipt	Date	Amount	Name	Item	Description	Entered By	Amount
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0820064	2026-04-16	4,135.85	ROCKWOOD CEMETERY			LOSMOND	
	Payment By Cheque	4,135.85			General Accounts [00010262114]		4,135.85

Receipt Code Summary

General Accounts	01-0000-1330	4,135.85
	Rounding Adjustment:	0.00
Receipt Count:	1	Batch Total
		4,135.85

Payment Code Summary

PAYMENT BY CHEQUE	01-0000-1001	4,135.85
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