

APPROVAL TO ENTER WINTER ROAD NETWORK



Webequie First Nation

SECTION TO BE COMPLETED BY FIRST NATION	
Name of Traveler(s)	
Address	
Contact Phone #	
Purpose for Entering	
Estimated Date(s) of Travel	

Authorized by:

(Name)

(Title)

Signature:

IMPORTANT:

1. Show this SIGNED form at 808 check-point as proof of entry

Anyone without a signed form will be denied entry.