

# APPROVAL TO ENTER WINTER ROAD NETWORK



## Eabametoong First Nation

SECTION TO BE COMPLETED BY FIRST NATION	
Company Name Address  Contact Phone #	
Purpose for Entering Items being Delivered	
Date of Entry  Length of Stay	
First Nation Contact Name  Signature  Contact Phone #	
SECTION TO BE COMPLETED BY SERVICE COMPANY BEFORE ENTERING	
Delivery Personnel Name(s)  Contact Phone #  License# Truck#	
COVID Test Date  COVID Test Results (must have copy on hand)	

PLEASE COMPLETE ONE FORM PER SCHEDULED TRIP / VEHICLE

SHOW THIS COMPLETED FORM AT 808 CHECK-POINT AS PROOF OF ENTRY