

# LAKE LOUISE RESIDENT FARE FREE PROGRAM



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## TO BE FILLED IN BY THE EMPLOYER

I confirm that the following applicant is a resident of our employee housing located in Improvement District no.9:

Employee Name:	
Physical Address:	Unit Number:

Employer Representative Information:

Print Name:	Position:
Phone Number:	Email Address:

\_\_\_\_\_

*signature*

\_\_\_\_\_

*date*

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## TO BE FILLED IN BY THE APPLICANT

Phone Number:
Email Address:

You must also provide government issued photo ID at the time of application.