

**TO: Dept of Motor Fuels and Tobacco Tax Branch  
Ministry of Finance  
P.O. Box 625  
33 King St. West  
Oshawa, ON  
L1H 8H9**

RE: GAS CARD APPLICATION

PHONE: 905-433-6432

FAX: 905-436-4511

DATE: \_\_\_\_\_

Please accept this as my request for a gas card, enclosed is a copy of my Indian Status Card.

**FIRST CARD:** \_\_\_\_\_

**REPLACEMENT:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE NO:** \_\_\_\_\_

Sincerely,

**Signature:** \_\_\_\_\_

Encl.