

## Burn Credit Claim Form

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

BUSINESS NAME:

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ADDRESS:

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PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

CLAIM INFORMATION:  
MANUFACTURER/MODEL:

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SERIAL # \_\_\_\_\_

DATE OF INSTALLATION \_\_\_\_\_

A TOTAL OF TWO DIFFERENT UNIT CAN BE CLAIMED EACH YEAR.  
EACH UNIT CLAIM IS \$300.00

MAIL:           NGAEDA  
                  620 4TH. AVE. N.W.  
                  SWIFT CURRENT, SK  
                  S9H 0V8

FAX:            NGAEDA  
                  (306) 773-3419