



THE TOWN OF
ST. ANTHONY

P.O. Box 430, St. Anthony, NF A0K 4S0

AFFIDAVIT OF OWNERSHIP

DATE: _____

TO: Town Clerk
Town of St. Anthony
P.O. Box 430
St. Anthony, NF
AOK 4S0

This is to certify that we _____ and _____
(Name Please Print) (Name Please Print)

property roll # _____ on _____
(Street/Name/Address)

as of _____ 20 _____.
(Day/Month/Year)

Signature of Owner

Signature of Owner

*Witness

Witness must be a Justice of the Peace or Commissioner of Oaths for the Province of Newfoundland and Labrador.