## 2025 BALLOT DRAW APPLICATION



1. Applicant Information	SUBMIT BY EMAIL
Full Name (Individual / Company)*:	OR IN PERSON
	BY OCTOBER 20, 2025
Business License No. (if company):	Complete this form and submit with a \$1,000 deposit.
	The \$1,000 Deposit is non-refundable upon selection of a lot.
Mailing Address*:	Questions?
	landforsale@yellowknife.ca (867) 920-5627
Telephone/Email *:	(887) 328 3827
	Required Documents
2. Agent Information (if applicable)	<ul> <li>Valid government-issued ID (copy)</li> <li>Proof of address</li> </ul>
	- \$1,000 deposit (secure funds) - Company: Business License &
Agent Full Name:	Corporate Registry
A sout Mailing Address	
Agent Mailing Address:	Declaration & Consent
Agent Telephone / Email:	I/We certify that the information provided is
	<ul><li>true and complete.</li><li>I/We have read and agree to the Ballot Draw</li></ul>
	Procedures conditions.  • I/We authorize the City to collect and use this
3. Property of Interest	information for the purposes of this Ballot Draw and property disposition.
Subdivision*: ☐ Gitzel ☐ Grace Lake South ☐ Niven Lake	<ul> <li>I/We understand that failure to honor the</li> </ul>
Lot Block Plan	purchase terms may result in forfeiture of the deposit.
There is no assurance that an applicant will receive the lot they have chosen on this	For City Use Only
application form. Applicants will have the opportunity to select their lots once their names are announced during the Ballot Draw day.	ror city osc omy
4. Deposit Details	Ballot Number:
4. Deposit Details	Date Received:
Submit completed application with deposit to: Heather Murray, Planning Coordinator In-person: Customer Service, City Hall   Email: landforsale@yellowknife.ca   Phone: (867) 920-	Staff Initials:
5627.  A \$1,000 deposit in secure funds is required when submitting the application. Personal cheques	Payment Method:
are not accepted.  Deposit Amount: \$1,000 (mandatory)	Lot Selected:
Form of Payment*:   Certified Cheque   Bank Draft   Cash	Signature:
Payment Reference/No.: Received By:	
r dyment hererence, No.: heceived by	
Applicant Signature:	Date:

Agent Signature (if applicable): \_\_\_\_\_\_ Date: \_\_\_\_\_