



# POINT FORTIN CORPORATION

Point Fortin Corporation  
Public Health Department  
George Road, Mahaica  
**POINT FORTIN**

Date: .....

Please receive from .....  
the sum of ..... being the cost  
of impounding and feeding of ..... dog(s) for a period  
of ..... day(s), which is in the custody of the Pound  
Keeper.

.....  
**SANITATION FOREMAN**

Receipt No. : .....

Paid On : .....

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