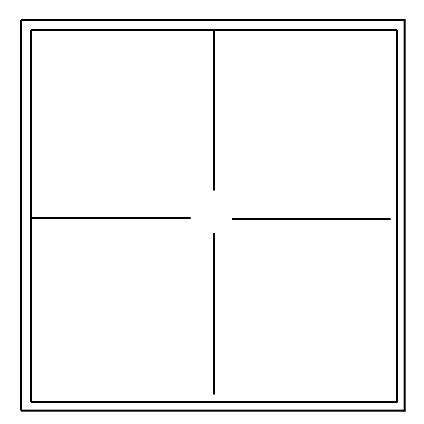
Miscellaneous Request Form

APPLICANT IN	NFORMATION	
APPLICANT(S):		
MAILING ADDRESS:		HAMLET/TOWN:
PROVINCE:	POSTAL CODE:	DAYTIME TELEPHONE:
RURAL ADDRESS	S SIGN:	LEGAL DESCRIPTION:
WORK REQUE	ESTED	
□ CULVERT □	I APPROACH □ GRAVEL □ SIC	GN 🗆 DITCHING
	se Specify):	
REASON REQUE	ESTED:	
EXPECTED COM	IPLETION DATE:	*Please complete sketch on back page
Applicant's Signature		Person taking request
OFFICE USE C	DNLY	
☐ REQUEST ACKNOWLEDGED DATE:		ON-SITE INSPECTION DATE:
DECISION:		
☐ REQUEST HE	LD:	_
□ REQUEST ACC	CEPTED COPY SENT DA	ATE:
□ REQUEST REF	FUSED 🗆 LETTER SENT DA	ATE:
REASON:		
Date		Big Lakes County





Please submit all pages in person, by email to pwadminsupport@biglakescounty.ca marked "Miscellaneous Request" or by mail to:

> **Big Lakes County** 5305-56 Street, Box 239 High Prairie, AB TOG 1E0

> > or

Kinuso Administration Office 51 Centre Street, Box 57 Kinuso, AB TOG 1KO

The personal information on this form is being collected for the purpose of processing miscellaneous public works requests under the Authority of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP Act. If you have any questions about the collection, contact the Big Lakes County FOIP Assistant at phone 780-523-5955.