

# Municipal District of Big Lakes

## MISCELLANEOUS REQUEST FORM

Administration Office, Box 239, High Prairie AB T0G 1E0 Phone: (780) 523-5955

Fax: (780) 523-4227

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Road #: \_\_\_\_\_  
Legal Description: \_\_\_\_\_


### WORK REQUESTED

Culvert  Approach  Gravel  Sign  Ditching

OTHER \_\_\_\_\_  
(PLEASE SPECIFY)

(SKETCH AREA OF CONCERN)

REASON REQUESTED: \_\_\_\_\_

EXPECTED COMPLETION DATE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ PERSON TAKING REQUEST: \_\_\_\_\_

### FOR OFFICE USE ONLY

REQUEST ACKNOWLEDGED  DATE: \_\_\_\_\_ ON SITE INSPECTION  DATE: \_\_\_\_\_

DECISION: \_\_\_\_\_

REQUEST HELD  \_\_\_\_\_

REQUEST ACCEPTED  COPY SENT  DATE: \_\_\_\_\_

REQUEST REFUSED  \_\_\_\_\_ LETTER SENT  DATE: \_\_\_\_\_

REASON: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

UPON COMPLETION RETURN ORIGINAL REQUEST TO: \_\_\_\_\_

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