

Compliance Request



TO BE COMPLETED BY APPLICANT

PLEASE PRINT

NAME of APPLICANT	Tel
MAILING ADDRESS of APPLICANT (including Postal Code)	

Signature of APPLICANT

Date

Municipal Address of PROPERTY			
LEGAL Land Description:	Lot	Block	Plan
ROLL No.		ZONING	
Comments / Instructions			

OFFICE USE ONLY

Paid \$ _____	Receipt No. _____	Date _____
Invoice to _____		

The personal information requested on this form is being collected in order to process your application and is governed by the Freedom of Information and Protection of Privacy Act (FOIP). If you have any questions with respect to the collection or release of this information, please contact the Town of Olds FOIP Coordinator at 556-6981.