

REQUEST for CERTIFICATE OF COMPLIANCE



4512 - 46 Street
Olds AB T4H 1R5
Main: 403.556.6981
Fax: 403.507.4856
Email: planning@olds.ca

CC# _____

Name of APPLICANT (or Person Acting on Behalf of Owner)

Mailing Address

Email

Phone

Signature of APPLICANT

Date

Property Address

Lot

Block

Plan

Comments / Instructions for Pickup

OFFICE USE ONLY

Paid \$ _____

Receipt # _____

Date _____

Roll # _____

The personal information on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used in order to process this form. Please forward questions or concerns to the FOIPP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca