



COMPLIANCE REQUEST

Please e-mail completed form to planning@olds.ca

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 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 FOIP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca