

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