

4924 - 47 Street I Box 397 • Redwater, AB T0A 2W0 Phone: 780-942-3519 • Fax: 780-942-4321 www.redwater.ca

## COMPLIANCE STATEMENT REQUEST APPLICATION

OFFICE USE ONLY					
Application Number: C					
Lot: Block:	Plan:	Ro	II #:	<u></u>	
Please PRINT all information clearly - ALL fields required					
2 ORIGINAL REAL PROPERTY REPORTS AND A CERTIFICATE OF TITLE REQUIRED					
Service Requested: (Fees	subject to change u	nder the Fees & C	Charges Bylaw)		
RESIDENTIAL		COMMERCIA	L, INDUSTRIAL	., INSTITUTIONAL	
Regular (up to 10 working days)	\$200	Regular	(up to 10 working days)	\$250	
Rush (up to 3 working days)	\$400	Rush (up	to 3 working days)	\$400	
** provided no substantial observations identifi (i.e. encroachments)	ea		no substantial observations identified (i.e. encroachments)		
Property and Real Prop	erty Report (F	RPR) Inform	ation		
Date of Real Property Report:					
Street Address:					
Applicant Information					
Applicant's Name:			Phone:		
Address:			City:		
Postal Code:	Email:				
I/We request a Compliance Statement Request for the above noted property. I/We hereby declare that there have been no additions/deletions to existing structures or structures added to the property since the attached Real Property Report was completed. I am/We are the owner's of the property in which the property compliance is requested for or represent the property owner(s).					
Cianatura of Applicant		Data of	Annlination		
Signature of Applicant		Date of	Application		
Applicant's Name (Please Print)	1				
Applicant 5 Hame (Flease Fillit)	,				
OFFICE USE ONLY					
Date Received:	Land Use District	: Fee:	Receipt #:	Collected By:	

Collection and use of personal information

Personal information required by the Town of Redwater application forms is collected under authority of sections 33(a) and (c) of the Alberta freedom of Information and Protection of Privacy (FOIPP) Act. Your personal information will be used to process your application(s). Please be advised that your name, address and details related to your application may be included on reports that are available to the public as required or allowed by legislation. If you have any questions, please contact the Town's Development Officer at (780) 942-3519.



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## Schedule A - Credit Card Authorization Form

Cardholder Name:
Billing Address:
Credit Card Type: Visa Mastercard
Credit Card Number:
Expiration Date:
Card Identification Number:(Last 3 digits located on the back of the credit card; CID will be redacted after transaction has been approved)
Amount to Charge: \$(CAD)
I authorize the Town of Redwater to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.
Cardholder Signature:
Date:
Once signed return the completed form to:
Town of Redwater 4924 – 47 Street   Box 397

The information on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to the Town of Redwater.

Email: redwater@redwater.ca