

MD of Pincher Creek No.9 Agreement to Purchase Services



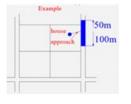
	DUST CONTROL- A	PPLICATIO	ON DEADLINE MA	Y 1
Landowner Name	Mailing Addres	s	Phone	Email
Hereinafter called the APPLI hereby request the following				as the MD, the APPLICANT(S) do
Legal Land Description	Civic Address	Le	ength (meters)	Division #
In consideration of the mut	tual covenants contained	in this AGR	EEMENT, THE PAR	TIES AGREE AS FOLLOWS:
* *	sants will be applied in ac necessary information.	cordance wit	th corporate policy C-	PW-009 Dust Control. Please
-	ordering and timelines, if guarantee the service will			prior to the application deadline
damage, property loss including, without res	s, or any other loss or exp	pense to any nd costs on a	party, including any	bility for injury, death, property other financial loss or expense, n-client full indemnity basis as a

I acknowledge that I have read, had the opportunity to ask questions and clarifications before signing, and understand this entire application form. I agree to be legally bound by it.

Date:	
Landowner Signature	
MD Witness Signature	

Important – Applicant Must:

- Indicate on the plan, the approximate location of the house and entrance/approach.
- Indicate the project area along Municipal road.
- Measure and mark the beginning and end of the section with ribbon on the fenceline.
- The MD reserves the right to adjust the section length to the agreed amount should a discrepancy exist.





*office use only

Issued for Service Date:	
Actual Meters Applied: *changes must be signed off	
by landowner.	
Date Work Completed:	
Operator Signoff:	

This personal information is being collected under the authority of the MD of Pincher Creek. It is protected by the privacy provision of the FOIP Act. If you have any questions about the collection, contact the FOIP Coordinator at 403-627-3130. MD Box 279 Pincher Creek Alberta T0K 1W0/1037 Herron Ave/P 403-627-3130/F 403-627-5070 info@mdpinchercreek.ab.ca