



**MD of Pincher Creek No.9
Agreement to Purchase Services**



GRAVEL PURCHASE

Between:

| Landowner Name | Mailing Address | City | Prov. | Postal Code | Phone |
|----------------|-----------------|------|-------|-------------|-------|
| | | | | | |

Hereinafter called the APPLICANT(S) and the MD of Pincher Creek, hereinafter referred to as the MD, the APPLICANT(S) do hereby request to purchase gravel from the MD as outlined below:

| Legal Land Description | Civic Address | Name of Hauler (if necessary) | Stockpile | Estimated Quantity of Gravel |
|------------------------|---------------|-------------------------------|-----------|------------------------------|
| | | | | |

In consideration of the mutual covenants contained in this AGREEMENT, THE PARTIES AGREE AS FOLLOWS:

1. You are requesting to purchase gravel from the MD and agree that you will be personally held responsible for the cost of such material and any unpaid costs could be transferred to your property tax account.
2. You will be responsible for the hauling and the trucking company will bill you directly.
3. By signing this document you will waive certain legal rights including the right to sue, claim for damages, or seek compensation from the MD of Pincher Creek No.9
4. To **Hold Harmless and Indemnify** the MD from any and all liability for injury, death, property damage, property loss or any other loss or expense to any party, including myself/ourselves, or any other financial loss or expense including without restriction. Legal expenses and costs on a solicitor-and-his-own-client full indemnity basis, as a result of the MD supplying materials or services.

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

Dated this _____ day of _____, 2019, in the MD of Pincher Creek in the Province of Alberta.

Applicant

Witness

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@mdpincercreek.ab.ca