

COUNTY OF MINBURN NO. 27

ROAD CLOSURE APPLICATION FORM

4909-50 Street, Vegreville, AB T9C 1R6 Phone: 780-632-2082

APPLICANT INFORMATION Registered Landowner(s): Mailing Address: ______ Postal Code: _____ Phone: _____ Email: _____ *By providing an email address, you authorize the County to contact you via email LAND INFORMATION Legal Land Location: ______ 1/4 of Sec. _____ Twp. ____ Range ____ W4 Lot: ______Block: _____Plan: _____Hamlet/Subdivision: _____ The subject road allowance is located immediately $N \square S \square$ E w 🔲 NW 🔲 SE 🔲 sw 🗐 of my property **Note:** This application is for undeveloped road allowance closure, road plan closure, and/or consolidation only. Please identify the purpose for requesting the closure in the space provided below: I/We, _____ ____hereby certify that (FULL NAME(S) OF REGISTERED LANDOWNER(S)) I am the registered owner and that the information provided on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for road closure. Applicant Signature Date Applicant Signature

Personal Information is collected in accordance with section 4 of the *Protection of Privacy Act* (POPA) and will be used in the management and administration of the County of Minburn's planning and permitting processes. Information related to your road closure application and/or any permit(s) issued may be disclosed as allowed or required by law. If you have any questions about the collection, use, or disclosure of your personal information, contact Planning and Community Services at 780-632-2082.

FOR ADMINISTRATIVE USE:	APPLICATION NO: APPLICATION DEEMED COMPLETE (DATE): ROLL NUMBER:	
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