



MUNICIPAL DISTRICT OF GREENVIEW NO.16

MISCELLANEOUS WORK REQUESTS

Copies to: **Manager, Operations Services** _____ **Area Roads Supervisor** _____ (EAST / WEST)

M.D. of Greenview No. 16
Operations Services Department
4802 – 36 Avenue, Box 1079
Valleyview, AB T0H 3N0
Phone: 524-7602 Fax: 524-5237

Any personal information that the Municipal District of Greenview may collect on this form is in compliance with Section 33 (c) of the Freedom of Information and Protection of Privacy Act. The information collected is required for the purpose of our Public Works and Transportation Program. If you have any questions about the collection, please contact the Freedom of Information and Protection of Privacy Coordinator at 780-524-7600.

All requests submitted on this application will be investigated and submitted for consideration and/or priority rating. In order for your request to be properly investigated and considered, the following details and location sketch, on the reverse side, **must be completed.**

Name: _____ Telephone No. _____

Address: _____

(Please indicate legal of where you wish construction or work done at. DO NOT list your residence legal)

Legal _____ ¼ of Sec. _____ Twp _____ Rge _____ W of the _____ M.

Lot _____ Block _____ Plan No. _____ Ward No. _____

******* Note: Fill out a separate form for each type of request. *******

- APPROACH:** **New Installation:** _____ Residence; _____ Field: *(First approach to quarter only)*
- Field Upgrade/Repairs** _____ Residence; _____ Field;

Please explain: _____

Please indicate in your sketch on the reverse side of this form the location of required approach.

- DRAINAGE / DITCHING ALONG MUNICIPAL ROADS:**

Please explain: _____

Please indicate in your sketch on the reverse side of this form the location requiring drainage/ditching.

- BRUSHING ALONG MUNICIPAL ROADS:**

Please explain: _____

Please indicate in your sketch on the reverse side of this form the location requiring brushing work.

- GRAVELLING:**

Please explain: _____

Please indicate in your sketch on the reverse side of this form.

- OTHER:**

Please explain: _____

Should the space be insufficient when answering any of the above questions, please attach a list of additional information.

Date _____

Signature of Applicant _____

Note: The location sketch below must be completed for all request types. Please indicate details such as low areas, muskegs, drainage ditches, bridges, culverts, pipelines, power lines, existing or proposed buildings, and current access.

RANGE W. OF MERIDIAN



TOWNSHIP
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31	32	33	34	35	36
30	29	28	27	26	25
19	20	21	22	23	24
18	17	16	15	14	13
7	8	9	10	11	12
6	5	4	3	2	1
