



**Municipal District of  
Fairview No. 136**  
P.O. Box 189  
Fairview, AB  
T0H 1L0

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

COUNCILLOR: \_\_\_\_\_

WARD: \_\_\_\_\_

**REQUEST:**

SIGNATURE: \_\_\_\_\_

**OFFICE USE ONLY:**

Indicate land location related to your request.

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

↑ RANGE

TOWNSHIP ↗

REPLY: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPT. MANAGER SIGNATURE: \_\_\_\_\_

CAO SIGNATURE: \_\_\_\_\_