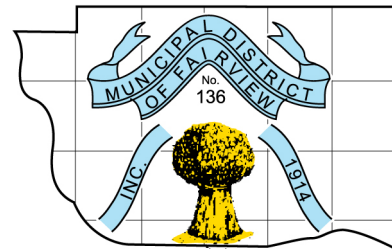


Owners: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_



**LANDS:** \_\_\_\_\_

Pt.	Sec	Twp	Rng	M	Municipality	Owner	Actively Farmed	Leased by others	Share of ownership

\*If additional space is required please use page 2

**Primary Residence:** \_\_\_\_\_ Used chiefly in conjunction with farming operations:

Pt.	Sec	Twp	Rng	M	Municipality	Yes	No

Plan	Lot	Blk	Municipality	Yes	No

**Additional Residences:**

Pt.	Sec	Twp	Rng	M	Municipality	Yes	No

Plan	Lot	Blk	Municipality	Yes	No

\*I declare that the information provided on this statement is correct to the best of my knowledge:

PLEASE RETURN THIS FORM TO THE ASSESSMENT DEPT:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*By Mail to:*  
 MD of Fairview  
 Box 189  
 Fairview, AB. T0H 1L0

*In Person to:*  
 MD of Fairview  
 10957-91 Avenue  
 Fairview, AB

By Fax: 1-780-835-3131

By email: [mdinfo@mdfairview.ab.ca](mailto:mdinfo@mdfairview.ab.ca)

