



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

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

COUNCILLOR: _____

WARD: _____

REQUEST:

Preferred Method of Response: Phone Call Email Postal Mail No Response Required

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: _____

Please Note: The personal information on this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP) and will be for Municipal business use only. Should you have any questions regarding the collection and use of your personal information, contact the MD of Fairview FOIP Coordinator by email at mdinfo@mdfairview.ab.ca or by calling 780-835-4903.