



# AUTHORIZATION TO WORK IN COUNTY LAND APPLICATION

MUNICIPAL LAND MANAGEMENT  
53109A Hwy 779  
Parkland County AB T7Z 1R1  
Phone: 780-968-8888  
Fax: 780-968-8413  
Toll Free: 1-888-880-0858

## REQUEST TO USE OR CONDUCT TEMPORARY WORK ACTIVITIES WITHIN COUNTY LAND

### INSTRUCTIONS

Submit completed forms in person, or by mail, to **Parkland County C/O Municipal Land Management, 53109A Hwy 779, Parkland County, AB T7Z 1R1**, or via email to: [landmanagement@parklandcounty.com](mailto:landmanagement@parklandcounty.com)

REQUESTOR INFORMATION	
<b>NAME:</b> C/O (if applicable)	
<b>MAILING ADDRESS:</b>	
<b>TELEPHONE #:</b>	<b>EMAIL:</b>

COUNTY LAND DESCRIPTION							
QRT/LSD	SEC	TWP	RGE	W_____M	REGISTERED PLAN	BLK	LOT

DETAILS (Purpose of request, please include any equipment that will be involved) If required , attach an additional page		
<table style="width: 100%;"> <tr> <td style="width: 60%;">TERM OF AUTHORIZATION REQUESTED (Month/Day/Year)</td> <td style="width: 40%; text-align: right;">TO</td> </tr> </table>	TERM OF AUTHORIZATION REQUESTED (Month/Day/Year)	TO
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I hereby make application to conduct work within Parkland County Lands in accordance with the attached plan and specifications and at the location described on the sketch plan; and, shall indemnify and save harmless Parkland County and its employees from all claims or manner of claims, demands, losses and charges (including legal costs on a Solicitor/client basis that Parkland County may incur in defending such claims or actions) arising from said works; or, from the performance of said works. This covenant shall survive the expiration of time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Submission Date

OFFICE USE ONLY	
Roll # _____	File # : _____
Application Fee : _____+ GST	Finance Code F1710
Term of Authorization: _____ / _____ / _____ to _____ / _____ / _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Month</span> <span>Day</span> <span>Year</span> <span>Month</span> <span>Day</span> <span>Year</span> </div>	
ADDITIONAL INFORMATION:	
_____	
_____	
_____	
_____ COUNTY REPRESENTATIVE	_____ DATE

The personal information you provide will be used for the purpose of processing and reviewing this application and is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions about the collection, use and disclosure of this information, please contact the FOIP Coordinator at Parkland County, 53109A Hwy 779 Parkland County T7Z 1R1 (780-968-3229) or email [foip@parklandcounty.com](mailto:foip@parklandcounty.com)