



CITY OF CAMROSE
APPLICATION FOR REDISTRICTING

5204-50 Avenue, Camrose, AB T4V 0S8

Date	_____
Permit #	_____
Permit Fee	_____
G.L. Code	1.1.61.00.0334
Receipt #	_____
Roll #	_____

Applicant: _____ Phone: _____

Mailing Address: _____

Contact Info: Phone: _____ Fax: _____ Cell: _____

Contact Email: _____

Registered Owner (if different from applicant): _____

Project Address: _____

Interest of Applicant (if not owner): _____

hereby request a redesignation for the following lands(s):

Lot: _____ Block: _____ Plan: _____

Municipal Address: _____

from _____ to _____
(present designation) (requested designation)

Reasons in support of the application:

Signature of Applicant(s)

Date
