



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 _____

The personal information collected in this permit application is collected in accordance with the *Protection of Privacy Act*. This information is used solely for the purpose of processing this permit application. The information may be included in public records, such as the meeting minutes, or otherwise disclosed as authorized under the *Protection of Privacy Act* and the *Access to Information Act*.