



## Encroachment Agreement Application

Office Use	
Date of Application:	Date Application Deemed Complete:
Application & Processing Fee:	Assessed Value:

### Applicant Information

Registered Owner's Name: \_\_\_\_\_

Phone/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Land Information

Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ W4M

Lot(s) \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Municipal/Street address: \_\_\_\_\_

### Required Documentation to be Submitted with Application

- ☐ A current Real Property Report.
- ☐ Application fee payment.

### Declaration of Applicant/Agent

The information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts in relation to the application.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

*Important Note: The personal information requested on this form is being collected under the authority of Section 4(c) of the Protection of Privacy Act (POPA). The information will be used for the purpose for which it was collected. For further information about the collection and use of this information please contact Lethbridge County by email [atippcoordinator@lethcounty.ca](mailto:atippcoordinator@lethcounty.ca) or call 403-328-5525.*

**Note: Information provided or generated in this application may be considered at a public meeting.**