

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:__

FOIP STATEMENT: Personal information on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected here will be used by Lethbridge County for the purposes of reviewing the Encroachment Agreement application. For further information about the collection and use of this information please contact the Lethbridge County FOIP Coordinator at foip@lethcounty.ca or call (403) 328-5525.

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