



# Subdivision Application – Cancellation (Withdrawal)

Office Use	
Application No: _____	Date Received: _____

## 1. Applicant Information

**Applicant Name:** \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
*Providing an email indicates your consent to receive all application-related correspondence by email*

**Registered Owner's Name(s):** \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
*Providing an email indicates your consent to receive all application-related correspondence by email*

## 2. Land Information

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

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

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

## 3. Reason(s) for Withdrawal

\_\_\_\_\_

\_\_\_\_\_

## 4. Declaration of Applicant

By signing below the Applicant acknowledges that the subdivision fees are non-refundable.

For a subdivision application which has a conditional approval, the applicant is advised that by signing this form, it is acknowledged that the approval will be void and any future proposal will require a new application to be made.

*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.*

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

**Registered Owner's Signature:** \_\_\_\_\_  
 (Required, if different from applicant)