



Application for Road Allowance

Municipal District of Foothills No. 31

www.mdfoothills.com

309 Macleod Trail, Box 5605, High River, AB T1V 1M7. Tel: 403-652-2341 Fax: 403-652-7880

Lease _____ Purchase _____ Transfer _____ License _____ Other _____

Land Use (i.e. grazing, cultivation, other): _____

Legal Land Description: _____

Plan # _____ Block _____ Lot _____ # of Acres for lease _____

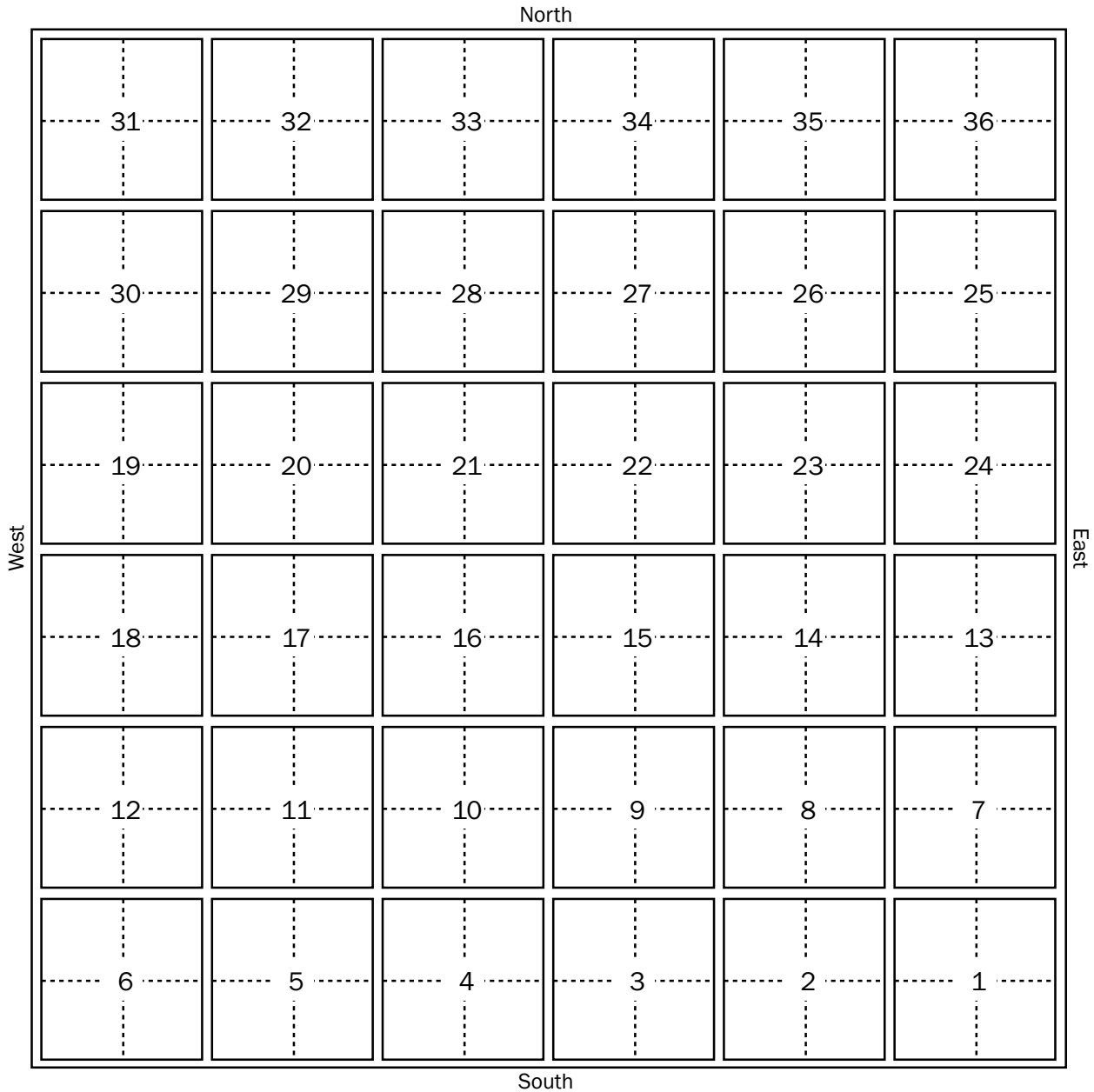
Applicant Name: _____

Address: _____

Postal Code: _____ Phone (daytime): _____ Fax: _____

Email: _____ Signature of Applicant: _____

Boundary being leased / purchased (north, south, east, west): _____



For Office Use Only			
Lease			
Application Fee:	\$ _____	Date:	_____
Filing Fee:	\$ _____	Receipt:	_____
Total Due:	\$ _____	# of Acres:	_____
Purchase			
Initial Application Fee:	\$ _____	Receipt #:	_____
Final Application Fee:	\$ _____	Receipt #:	_____
Land Price Set by Council:	\$ _____	Receipt #:	_____
(Landowner pays all Survey Costs)			