
The Rural Municipality of Leask No. 464
Application Form

Name of Applicant _____

Contact Information _____

Land Location _____

RM Directed Application Yes _____ No _____

Ratepayer Application Yes _____ No _____

Date of Ratepayer application

Signed this _____ day of _____, 20____

Signature _____

For Office Use Only

Approved Yes _____ No _____

Municipal Acknowledgement _____