

**FOR OFFICE USE ONLY**

Date received (m/d/y): \_\_\_\_\_ County department: \_\_\_\_\_

Name of department Manager: \_\_\_\_\_ Signature: \_\_\_\_\_

Request approved:  Yes  No Date data provided (m/d/y): \_\_\_\_\_

Request refused for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONTACT INFORMATION**

Full name of Applicant: \_\_\_\_\_

Name of Company or Organization (if applicable): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel: \_\_\_\_\_ Cel: \_\_\_\_\_ Email: \_\_\_\_\_

**PURPOSE OF REQUEST**

**PROJECT DESCRIPTION**

Provide a brief description, including the area of interest. Submit digital files (if applicable): \_\_\_\_\_

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**DATA/INFORMATION REQUESTED**

Provide a brief description: \_\_\_\_\_  
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*Preferred data format:*  Shapefile  File Geodatabase  Zip file

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date (m/d/y): \_\_\_\_\_

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**Box 219, Sangudo AB T0E 2A0**  
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