

Snowplow Flag Program Order Form

Public Works

Roll Number:	Number of flags required:	
CONTACT INFORMATION		
Applicant Name:		
Municipal Address:		
Mailing Address (if different than Mu	unicipal Address):	
Occupant/Renter (if different fron	m Applicant):	
Telephone Number(s):		

DISCLAIMER

This **Order Form** does not supersede or replace the **Snowplow Flag Program Hold Harmless Agreement** in place between the Land Owner and Lac Ste. Anne County. Please refer to the Agreement for specific requirements of the program.

This personal information is being collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act.*If you have any questions about the collection, use or disclosure of this personal information, please contact Lac Ste. Anne County FOIP Coordinator at the address below.

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