



NAME REGISTRATION APPLICATION FORM

Community Growth & Investment ■ Town of Okotoks, Box 20 (5 Elizabeth St.), Okotoks AB, T1S 1K1 ■ planning@okotoks.ca ■ Phone: 403.995.2760

Applicant Name: _____ Company: _____
(if applicable)

Applicant Mailing Address: _____
(including Postal Code)

Phone #: _____ Fax #: _____ Email: _____
If a response has not been received within five (5) business days, please check your Junk (Spam) folder

Civic Address: _____

Legal Description: _____
Lot(s) Block Plan Quarter Section

Proposed Name: _____

Reasons for Request: _____

Signature of Applicant _____ Date _____

The personal information on this application is collected under the authority of the Alberta Municipal Government Act, the Freedom of Information and Protection of Privacy Act (FOIP), and the Okotoks Land Use Bylaw 17-21. It will be used to communicate with the applicant during the application review and site inspection processes. As part of the review process, it will be circulated as needed to relevant Town Business Services, Provincial and Federal Agencies, Utility Companies and adjacent landowners. It may also be submitted to the Okotoks Municipal Planning Commission (MPC) and/or the Subdivision and Development Appeal Board (SDAB). Correspondence received may be included in public meeting agendas. The applicant's name and the nature of the permit will be publicly available, in accordance with the FOIP Act. Should you have any questions or concerns regarding the collection of this information, please contact the FOIP Coordinator at foip@okotoks.ca or 403.995.2774.

For Office Use Only

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