

SURVEY TECHNICIAN SERVICES

RATEPAYER REQUEST FORM

RATEPAYER INFORMATION

Name	
Phone Number	
Mailing Address	
Legal Land Description/ Hamlet Lot Information	
Requested completion date for work:	

SURVEY TECHNICIAN SERVICES (REQUEST)

I, _____, of _____, in the Province of Alberta, do solemnly declare that I hereby request the Special Areas Board to provide survey technician services as described on the map attached to this request.

I understand the services provided by the Special Areas Board Survey Technician do not constitute official Alberta Land Survey (ALS) work, boundary markers or legal survey work. I understand the Special Areas Board is not providing ALS work, and that the work being completed by the Survey Technician cannot be used in place of ALS work, markers or line marking.

I hereby give the Special Areas Board, it's agents, workers and equipment permission to enter upon the lands strictly upon my request, and for the purpose of surveying services.

I understand that this service may only be rendered at my specific request and then at the earliest convenience of the Special Areas Board.

I agree to indemnify and hold harmless the Special Areas Board, its employees and agents from any and all claims, demands, action and costs whatsoever that may arise directly or indirectly out of any act or omission of the Board, its employees or agents, in the performance of this agreement.

I understand my responsibility, under the current Special Areas Policy, to remit payment within 30 days upon receipt of a service invoice from the Board.

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if make under oath and by virtue of the Canada Evidence Act.

Declared before me at _____, in the Province of Alberta, this _____ day of _____, 20__.

Commissioner for Oaths in and for of Alberta.

Signature (Ratepayer)

OFFICE USE ONLY

½ miles marked _____ Amount Charged: _____ Receipt No. _____ Date Paid: _____

(Policy 04-04) \$250.00/ ½ mile (LLD) OR \$250.00/hamlet request (\$250 MINIMUM)

Prior to invoicing, District Office will check with Survey Technician to confirm total distance marked/work completed.



SURVEY TECHNICIAN SERVICES RATEPAYER REQUEST FORM

RURAL FENCE LINE MARKING REQUEST

(Complete and attach to ratepayer request)

RATEPAYER NAME: _____

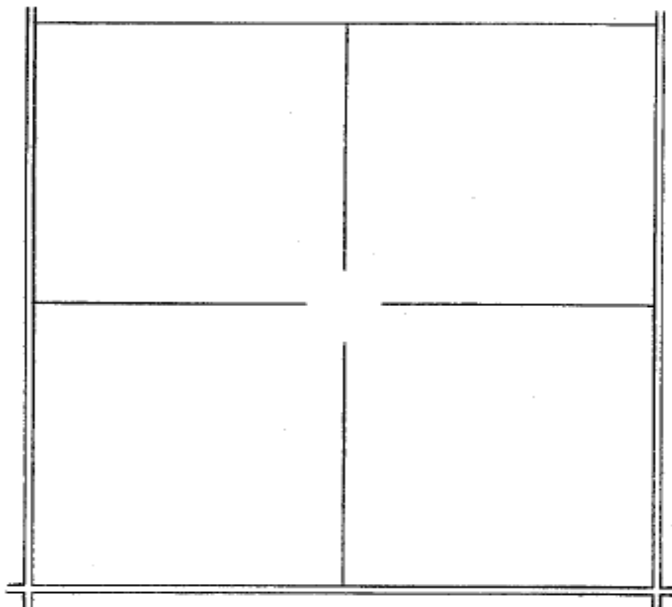
REQUEST DATE: _____ PREFERRED COMPLETION DATE: _____

Mark in BLUE ink where you would like the Survey Technician to mark fence lines. Identify the total length of the project (in 1/2 mile segments).

SKETCH OF SECTION _____

TOWNSHIP No. _____ RANGE _____ WEST OF _____ MERIDIAN

SCALE: 20 CHAINS TO AN INCH



Please provide a brief description of the fence line marking you want completed.



SURVEY TECHNICIAN SERVICES

RATEPAYER REQUEST FORM

RURAL FENCE LINE MARKING REQUEST

(Complete and attach to ratepayer request)

RATEPAYER NAME: _____

REQUEST DATE: _____ PREFERRED COMPLETION DATE: _____

Mark in BLUE ink where you would like the Survey Technician to mark fence lines. Identify the total length of the project (in 1/2 mile segments).

TOWNSHIP _____ RANGE _____ WEST OF _____ th MERIDIAN

NORTH							
36	31	32	33	34	35	36	31
25	30	29	28	27	26	25	30
24	19	20	21	22	23	24	19
13	18	17	16	15	14	13	18
12	7	8	9	10	11	12	7
1	6	5	4	3	2	1	6
SOUTH							

Please provide a brief description of the fence line marking you want completed.



SURVEY TECHNICIAN SERVICES

RATEPAYER REQUEST FORM

HAMLET PROPERTY LINE MARKING REQUEST

(Complete and attach to ratepayer request)

RATEPAYER NAME: _____

REQUEST DATE: _____ PREFERRED COMPLETION DATE: _____

LOCATION FOR REQUEST (LLD/LOT, BLOCK, PLAN): _____

Please provide a brief description of the fence line marking you want completed.

Attach a copy of an aerial drawing which clearly marks the work you want completed.



SURVEY TECHNICIAN SERVICES RATEPAYER REQUEST FORM

(for billing purposes only)

Survey Technician Notes: (Rural) ½ miles _____ x \$ _____ = \$ _____
Hamlet Request _____ x \$ _____ = \$ _____

Project Notes/Comments:

Request Completed (Date)

Technician Name

Signature

OFFICE USE:

Invoice #: _____ Date: _____ Amount: _____

Receipt #: _____ Date: _____ Amount: _____