

SCHEDULE "A"

Box 310 4612 McDougall Drive
 Smoky Lake, AB T0A 3C0
 Phone: 888.656.3730 Fax 780.656.3768

APPLICATION**REQUEST FOR
TRAFFIC CONTROL DEVICE****APPLICANT INFORMATION**

NAME OF APPLICANT: _____

MAILING ADDRESS: _____
 Box Town Postal Code

TELEPHONE (RES): _____ CELLULAR: _____

LAND INFORMATION

LEGAL DESCRIPTION

QTR/LSD	SECTION	TOWNSHIP	RANGE	W4	OR	REGISTERED PLAN	BLOCK	LOT
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RANGE ROAD: _____ TOWNSHIP ROAD: _____

TYPE OF SIGN REQUESTED: _____ AMOUNT OF SIGNS REQUESTED: _____

I hereby, by signing this form, accept any costs associated with the placement of Traffic Control Device(s), and the capital cost of materials will be billed to the applicant making the request.

If applicable, the applicant accepts the responsibility to pay for the Traffic Control Device(s), the work will be carried out as soon as possible by County Public Works personnel and equipment. The applicant will be billed accordingly.

DATE OF APPLICATION_____
SIGNATURE OF APPLICANT**FOR OFFICE USE ONLY**

Request No.		Approved:		Paid in Full:	
Date Installed:		Installed by:		Invoice	
Public Works Manager			Date		