

Property address _____ Subdivision _____

Legal description Lot _____ or Condo unit _____ Block _____ Plan _____

 (If applicable) Quarter _____ Section _____ Township _____ Range _____ Meridian 4
Applicant Name _____ **Contact Name** _____
 (If different than applicant)

 Address _____
 Street and Number City/Town Province Postal Code

Contact Phone Number _____ Email Address _____

Landowner Name _____ **Contact Name** _____
 (If different than Applicant) (If different than Landowner)

 Address _____
 Street and Number City/Town Province Postal Code

Contact Phone Number _____ Email Address _____

File search submission requirements:

- Written authorization to conduct file search signed by the landowner
- Clear aerial map/photo with property boundary identified*
*Mapping services are available at Strathcona County for a fee.
- Completed File Search-Request Checklist
- Current copy of title (within 30 days)*
*Can be ordered by Strathcona County through Land Titles for a fee of \$10.
- The applicable fees*
*Fees based on current fee schedule.

Collection and use of personal information

Personal information is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used in the management and administration of Strathcona County's File Search Request Process. If you have questions about the collection or use of your personal information, contact the Coordinator, Development Permitting, Planning and Development Services, Strathcona County at 780-464-8080.

For office use only

Date received _____ Receipt number _____

Roll number _____ File Search number _____ -FS

Payment information - The information below is collected and will only be used to make the authorized credit card payment for this approved one time amount. The information will only be copied, distributed or otherwise disclosed with prior approval. This information will be processed and then immediately destroyed.

<input type="checkbox"/> Receipt Required		Total Payment Submitted \$
Paying by: <input type="checkbox"/> Cheque <input type="checkbox"/> AMEX <input type="checkbox"/> Master Card <input type="checkbox"/> Visa (Postdated cheques are not accepted)		Cardholder Name
Card Number <small>Card Information to be collected in person or over phone only</small>	Expiry Date	Signature