

**SAMPLE**  
**PETITION FOR A LOCAL IMPROVEMENT**  
 (pursuant to the *Municipal Government Act, RSA 2000, c. M-26*)

**TO: THE COUNCIL OF THE SPECIALIZED MUNICIPALITY OF STRATHCONA COUNTY, IN THE PROVINCE OF ALBERTA**

THE UNDERSIGNED persons, as the **owners** who would be liable to pay the local improvement tax, hereby petition Strathcona County, pursuant to Division 7 of the Municipal Government Act, RSA 2000, c. M-26 to undertake the following local improvements:

**<provide a clear description of actual services and work to be provided and include the following in the description>**, as well as the incidental and other expenses incidental to the undertaking of the local improvement and to the raising of revenue to pay for it.

I (we) understand that the estimated cost of the local improvement in the amount of **(\$)** will be paid for by

**<INSERT: MANNER OF CALCULATION OF TAX RATE – I.E. A UNIFORM TAX RATE TO BE IMPOSED BASED ON ASSESSMENT, ON EACH PARCEL, ON EACH UNIT OF FRONTAGE OR EACH UNIT OF AREA. SEE SECTION 395(1)(C) FOR OPTIONS>**

and will be amortized over a fifteen (15) year period **(or whatever term is chosen)** as a charge against the lands in question. I (We) further understand that the local improvement charge assessed against the lands in question may be prepaid at any time.

The personal information contained in this petition will not be disclosed to anyone except the chief administrative officer and the chief administrative officer's delegates, if any, and will not be used for any purpose other than validating the petition.

Printed Surname and Given Name	Signature of Petitioner	Street Address or Legal Land Description	Telephone Number or Email Address, if any	I am the registered owner who would be liable to pay the local improvement tax	Date	Signature of Adult Witness <sup>1</sup>
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Attach all Affidavits of Execution of Witness
2. Attach Statement of Representative
3. If more than one page is needed to collect the required number of signatures, all pages must contain a header identical to the one on this page and the pages are to be numbered
4. This form is a suggested form only for the information and convenience of interested individuals. It has no legislative effect. For certainty, legal advice should be sought when a petition is being considered.