

Subdivision Endorsement Extension

Applicant Information

Name:	Contact Name:	Contact Phone:
Contact Address:	Contact Email:	
City:	Postal Code:	Date (MM/DD/YY):

Property Information

Municipal Address (if applicable):							
Lot:	Block:	Plan:	1/4 Sec.	Twp.	Rge.	W	M

Owner Information

Name:	Contact Name:	Contact Phone:
Contact Address:		
City:	Postal Code:	Contact Email:

Registration Expiry Date:	Extension Request Length:
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Reason for Extension

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Signature of Applicant

Date of Application

Collection and Use of Personal Information: The personal information being collected on this form is for the purposes of processing and acting upon this application in accordance with the Municipal Government Act and is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act (FOIP). The City will not share your personal information for purposes outside of those stated without your permission in writing, unless there is a specific exemption stated in the Municipal Government Act.

CITY USE ONLY

Application No.:

Fees:

Permit No.:

Receipt No.:

Days Granted: