



## ROAD CLOSURE APPLICATION MUNICIPAL DISTRICT OF GREENVIEW No. 16

4806 36 Avenue, PO Box 1079 Valleyview, AB T0H 3N0

Phone: 780.524.7600; Fax: 780.524.4307

[www.mdgreenview.ab.ca](http://www.mdgreenview.ab.ca)

### Applicant Information

Registered Landowner(s): 2322904 Alberta Ltd

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
(By providing an email address, you authorize Planning and Development to contact you via email)

### Land Information

Legal Location: SE ¼ of Sec. 9 Twp. 71 Range 25 W 5

Registered Plan: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

The subject road allowance is located immediately

☐ N ☐ S ☐ E ☐ W ☐ NE ☐ NW ☐ SE ☐ SW

of my property.

Road splits through my property.

Note: This application is for road closure and/or consolidation only.

Please identify the purpose for requesting the closure in the space provided below:

the road serves no purpose now and will give me  
legal access to all of my land.

I/WE, \_\_\_\_\_ hereby certify that

(FULL NAME IN CAPITAL LETTERS)

☒ I am the registered owner and that the information provided on this form is full and complete and is, to the best of  
; relating to this application for road closure.

Date

May 01, 2024

The personal information collected on this form is being collected under the authority of Sections 33 and 39(1)(a)(b) of the Alberta Freedom of Information and Protection of Privacy Act, and Section 301.1 of the Municipal Government Act. The information will be used to process your application(s); your name, contact telephone number and address may be used to carry out current and/or future construction and operating programs, services or activities of the Municipality. If you have any questions about the collection, use or disclosure of the personal information provided, please contact the Freedom of Information and Protection of Privacy Coordinator at 780.524.7600.

### FOR ADMINISTRATIVE USE:

APPLICATION NO: \_\_\_\_\_

APPLICATION FEE PAID ON: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_

RECEIPT NO: \_\_\_\_\_