

Foothills County

309 MACLEOD TRAIL SW, BOX 5605, HIGH RIVER, AB T1V 1M7
TELEPHONE (403) 652-2341 OR (403) 931-1905 FAX 403-652-7880

ROAD CLOSURE APPLICATION

SECTION A: Applicant Information

Applicant Name: _____

Mailing Address: _____ Town / City: _____

Postal Code: _____ Phone (daytime) _____ Fax: _____

Email: _____

Rural Address: _____

Legal Land Description: _____

Plan Number _____ Block _____ Lot _____ Roll# _____

Identify applicant property adjacent to the road allowance or road location on map below.

Signature of Applicant: _____ Date: _____

SECTION B: Site Information

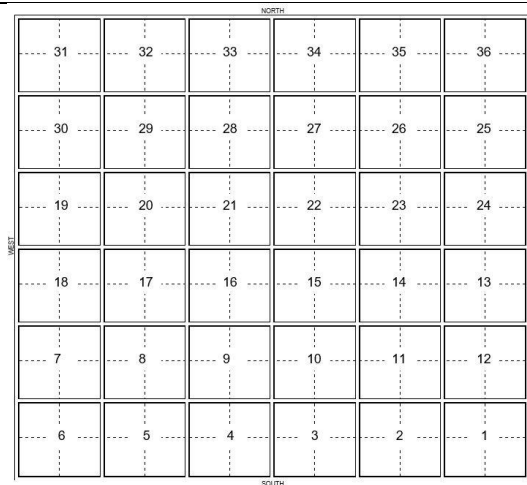
Purchase _____ Transfer _____ Licence _____ Other _____

Intended Land Use (i.e. grazing, cultivation, other): _____

Quarter: _____ Section: _____ Township: _____ Range: _____ West _____ M

Boundary (north, south, east, west) Number of Acres to license/ purchase _____

Identify road allowance or road location on map below.



For Office Use Only:

<u>Licence:</u>	New Licence	Transfer(NewLO)	Date
Filing Fee:	\$100	\$100	Receipt No: _____
Initial Application Fee:	\$200	\$160	Receipt No: _____
Final Application Fee:	\$150	\$125	Receipt No: _____
Total Due:			# of Acres: _____

<u>Purchase:</u>	Amount	Date
Filing Fee:	\$100	Receipt No: _____
Initial Application Fee:	\$300	Receipt No: _____
Final Application Fee:	\$300	Receipt No: _____
Price set by Council:		Receipt No: _____

Landowner pays all Survey Costs

Updated January 28, 2025