

Municipal District of Taber
2019 Calcium Order Form


APPLICANT: _____ PHONE #: _____
(PLEASE PRINT LEGIBLY)

LANDOWNER NAME: _____
(IF DIFFERENT FROM APPLICANT NAME, OR IF PROPERTY IS IN A CORPORATE NAME - PLEASE PRINT LEGIBLY)

MAILING ADDRESS: _____

LEGAL LAND DESCRIPTION: _____ 1/4 _____ SEC _____ TWP _____ RGE W4M

RURAL ADDRESS: _____ EMAIL: _____

<p>DIAGRAM FOR LOCATION OF APPROXIMATE DISTANCES FROM APPROACH FOR CALCIUM APPLICATION:</p>  <p style="text-align: center;">TWP RD _____</p> <p style="text-align: center;">NW NE</p> <p style="text-align: center;">SW SE</p> <p style="text-align: center;">RGE RD RGE RD</p> <p style="text-align: center;">TWP RD _____</p>	<p>DISTANCE OF APPLICATION: _____ FEET</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"><p><u>IMPORTANT:</u></p><p>DRAW LOCATION OF THE APPLICATION AND THE ENTRANCE, AS WELL AS ANY OTHER IDENTIFYING STRUCTURES</p><p>FORM MUST BE FULLY COMPLETED PRIOR TO CALCIUM BEING APPLIED</p></div>
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BY SUBMITTING THIS ORDER FORM THE APPLICANT AGREES TO PAY TO THE MUNICIPAL DISTRICT OF TABER ALL APPLICABLE CHARGES HERE IN. THE APPLICANT ALSO AGREES THAT ANY AND ALL APPLICABLE CHARGES WILL BE APPLIED TO THE PROPERTY TAX ACCOUNT OF THE ABOVE DESCRIBED LEGAL LAND DESCRIPTION AND/OR RURAL ADDRESS THAT REMAINS UNPAID AFTER 90 DAYS - IF THE APPLICANT IS NOT LISTED AS THE LANDOWNER ON THE TAX ROLL, THE LANDOWNER MUST ALSO SIGN THE DOCUMENT.

DATE: _____ SIGNATURE OF LANDOWNER: _____

SIGNED BY: _____
(PLEASE PRINT)

COST \$1.25 PER LINEAR FOOT
MINIMUM LENGTH OF CALCIUM CHLORIDE SPREAD - 120 METERS (400FT)
(OVERAGE CHARGED AFTER 750 FT OF APPLICATION)

THERE WILL BE NO GUARANTEE AS TO THE LENGTH OF LIFE OF THE CALCIUM APPLIED. THE DRIVEABILITY AND SAFETY OF THE ROAD WILL TAKE TOP PRIORITY. THE ROAD WILL BE GRADED AS DEEMED NECESSARY BY THE GRADERMAN OR HIS SUPERVISOR WHEN WEATHER CONDITIONS ARE SUITABLE.

MUNICIPAL DISTRICT OF TABER
RETURN FAX: 223 - 1799

QUESTIONS? PLEASE CALL THE OPERATIONS
BUILDING AT 403-223-3142