

SCHEDULE "B"

GRAVEL EXTRACTION REQUEST

IN THE MATTER OF LICENCE BYLAW NO. 1/2020

Company Name _____

Address _____

Contractor Name _____

Business Phone () _____

Cell Phone () _____

Fax Number () _____

Pit Location #1
(Legal Description) _____

Property Owner's Name _____

Estimated Amount to be Extracted _____

Pit Location #2
(Legal Description) _____

Property Owner's Name _____

Estimated Amount to be Extracted _____

Contractor's Signature

Dated this _____ day of _____, 20 ____

RM APPROVAL:

Administrator Signature

Date Approved

Paid: Yes _____ Cheque # _____
No _____