

Application to Close a Municipal Road Allowance Corporation of the Township of Stirling-Rawdon

FOR OFFICE USE ONLY				
Application Fee of \$200.00				
Date filed:				
Hearing Date:				
Fee Paid: \$ Receipt: #				
A DDI ICANIT INFORMATION	ALITHODIZED ACENIT/COLICITOR INFORMATION			
APPLICANT INFORMATION Name:	AUTHORIZED AGENT/ SOLICITOR INFORMATION Name:			
Ivallie.	Name.			
Mailing Address:	Mailing Address:			
Phone Number:	Phone Number:			
Email address:	Email address:			
Please specify who should be contacted about this application: Owner: Agent: Solicitor:				
LOCATION OF APPLICANT'S PROPERTY:				
Geographic Township:				
Concession: Lot: Registered Plan (Parts):				
Civic Address:				
LOCATION OF THE SUBJECT ROAD ALLOWANCE				
Geographic Township:				
Concession: Lot: Registered Plan (Parts):				
DETAILS:				
Dimensions of the subject road allowance:				
Has the road allowance ever been used as a public road? If yes, please provide details.				

DETAILS: (CONTINUED)				
Will the closure of this road allowance pr	ohibit access t	o any other property?	Yes	No
If yes, please provide details				
And the contract of the contra) V	N.a
Are there any easements or restrictive co	venants affect	ting this road allowance:	' Yes	No
If yes, please provide details.				
Reason for the request to close road allow	wance?			
The document of the request to close road and	wanee.			
Note: a legible plan must be attached to t	his application:	n, which clearly indicates	the area	of unopened road
allowance proposed to be purchased.				
DECLARATION				
DECLARATION				
I/we		solemnly decla	re that all	of the statements
contained in this application to close a munici	pal road allowa	nce and all of the supportir	ng docume	nts are true, and I
(we) make this solemn declaration conscientic	ously helieving i	t to be true, and complete.	and know	ing that it is as if made
	_	e to be true and complete,	ana know	ing that it is as it made
under oath, by virtue of the Canada Evidence	Act.			
Applicant		Co-applicant		
Signature		Signature		
Signature		Signature		
Printed Name		Printed Name		
Date		Date		
		Agent		
		Signature		
		Duinted Name		
		Printed Name		
		Date		
Deslayed before we at the				
Declared before me at the				
in the County of				
this day of	20			
30, 0.	·			
A Commissioner, etc.				

CONSENT OF OWNER(S) TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION (to be completed by the owner)

I/we	, am the owner of the land adjacent to th	e road
Privacy Act I authorize and consent to the	, am the owner of the land adjacent to th cation and for the purposes of the Freedom of Information and Protection ne use by, or the disclosure to, any person or public body of any personal authority of the Municipal Act for the purposes of processing this application	
Date	Signature of Owner(s)	
AUTHORIZATIONS		
authorization of the owner that the appl	adjacent to the road allowance being the subject of this application, the w licant is authorized to make the application must be included with this forr ow or written authorization provided under separate cover is also acceptal	m.
Authorization of Owner, for Agent to M	lake the Application	
l,	, am the owner of the land adjacent to the road	
allowance being the subject of this appli	cation and I authorize	to
make this application on my behalf.		
Date	Signature of Owner	
Authorization of Owner, for Agent to Pr	rovide Personal Information	
l,	, am the owner of the land adjacent to the road	
allowance being the subject of this appli	cation and for the purposes of the Freedom of Information and Protection	of
Privacy Act I authorize	, as my agent for this	
application, to provide any of my person	al information that will be included in this application or collected during t	the
processing of the application.		
Date	Signature of Owner	