Application for Conservation Directive Compensation

Form (LUS-O4)

Land Use Secretariat

12th floor, South Petroleum Plaza
9915 – 108 Street
Edmonton, AB T5K 2G8
TEL: 780-644-7972 or Toll Free Rite Line at: 310-0000
Email: LUF@gov.ab.ca

Alberta Land Stewardship Act

Instructions:

- **Complete one form for each application you are filing.**
- **Please print clearly**
- **Legal representation is not required; however if you have retained representation, please indicate on the form.**
- **Submit your completed form(s) with the original signature to the Stewardship Commissioner, Land Use Secretariat.**
- **The Alberta Land Stewardship Act and regulations can be found on the *Queen's Printer* website.**

Tracking Number (LUS Office Use Only):

Date Stamp – Request Received by LUS

Part 1: Details of Application for Compensation

_____

Name of Regional Plan

_____

The legal description (Township, Range, Meridian) of the land area for which compensation is requested.

Provide a copy of the notice of the conservation directive provided to you under section 38 of the Alberta Land Stewardship Act.

Application for Conservation Directive Compensation

Part 2: Requested Relief

What is the amount of compensation you are seeking?

Part 3: Other Applicable Information

Please provide any documents or other information that supports your application for compensation.

Application for Conservation Directive Compensation

Part 4: Applicant Information

First Name: _____Last Name: _____

Company Name or Association Name (if any): _____

Professional Title (if applicable): _____

Email Address: _____Fax #:_____

By providing an email address, you agree to receive communications from the Land Use Secretariat by email.

Daytime Telephone #:_____ Alternate Telephone #: _____

Mailing Address: _____

Apt/Suite/Unit# Street Address City/Town

_____

Province Country (if not Canada) Postal Code

Signature: _____ Date: _____

Please note: You must notify the Land Use Secretariat in writing of any change of address or telephone number.

Personal information requested on this form is collected under the provisions of the Protection of Privacy Act, Chapter/Regulation: P-28.5 2024, for the purpose of investigating complaints of non-compliance with a regional plan.

Part 5: Representative Information (if applicable)

I hereby authorize the named company and/or individual(s) to represent me:

First Name: _____Last Name: _____

Company Name: _____

Professional Title: _____

Email Address: _____Fax #:_____

By providing an email address, you agree to receive communications from the Land Use Secretariat by email.

Daytime Telephone #:_____ Alternate Telephone #: _____

Mailing Address: _____

Apt/Suite/Unit# Street Address City/Town

_____

Province Country (if not Canada) Postal Code

Signature of Applicant: _____Date:_____

Please note: If you are representing the applicant and are NOT a solicitor, please confirm that you have written authorization to act on behalf of the applicant. Please confirm this by checking the box below.

☐ I certify that I have written authorization from the applicant to act as a representative with respect to this application on his or her behalf and I understand that I may be asked to produce this authorization at any time.