Request for Review of a Regional Plan

Form (LUS-O1)

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 request for review 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 Request for Review

_____

Name of Regional Plan

A. Clearly identify the specific provision (section) of the Regional Plan that you believe is directly and adversely affecting you, or will directly and adversely affect you.

B. Explain how the provision (section) in the Regional Plan you identified in A (above) is directly and adversely affecting you, or will directly and adversely affect you.

C. Explain the adverse effects that you are suffering or expect to suffer as a result of the specific provision (section) you identified in A (above).

Part 2: Requested Relief

What relief are you requesting?

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Part 3: Other Applicable Information

Please provide any additional information that may be relevant to this application.

Part 4: Applicant Information

First Name: _____Last Name: _____

_____
Company Name or Association Name (if any)

Professional Title (if applicable): _____

Email Address: _____Fax #:_____

by p roviding an e-mail 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 of any change of address or telephone number in writing.

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.

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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.