



## Request for Review of a Regional Plan

Form (LUS-01)

### Land Use Secretariat

9th floor, Centre West Building  
10035 – 108 Street  
Edmonton, AB T5J 3E1  
TEL: 780- 644-7972 or Toll Free Rite Line at: 310-0000  
FAX: 780- 644-1034

### *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.

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**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 providing 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 *Freedom of Information and Protection of Privacy Act*, Chapter/Regulation: F-25 RSA 2000.

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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.