



## 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) 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

Lower Athabasca Regional Plan

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.

See attached submission

**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.**

See attached submission

**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).**

See attached submission

**Part 2: Requested Relief**

**What relief are you requesting?**

See attached submission

Part 3: Other Applicable Information

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

Part 4: Applicant Information

First Name: Howard

Last Name: Lacorde

Fort McKay  
Company Name of 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: General DELIVERY FORT MCKAY  
Apt/Suite/Unit# Street Address City/Town  
AB TOP 100  
Province Country (if not Canada) Postal Code

Signature: [Handwritten Signature] Date: August 23, 2013

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.

Part 5: Representative Information (if applicable)

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

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Fort McKay Sustainability Department**

Company Name of Association Name (if any)

Professional Title (if applicable): **KLIMEK BUSS BISHOP LAW GROUP**

Email Address: **kbuss@k2blaw.ca**

Fax #: **(780) 468-3437**

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

Daytime Telephone #: **(780) 965-8905**

Alternate Telephone#: **(780) 468-1843**

Mailing Address: **1450**  
Apt/Suite/Unit#

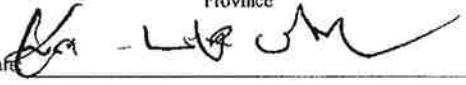
**10405 Jasper Avenue**  
Street Address

**Edmonton**  
City/Town

**Alberta**  
Province

Country (if not Canada)

**T5J 3N4**  
Postal Code

Signature: 

Date: **Aug 23/13**

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 application. 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.