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

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.

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

Form (LUS-01)
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: [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 e-mail.

Daytime Telephone #: ________________________________  
Alternate Telephone #: ________________________________

Mailing Address:  
AGRI DELIVERY  
**FORT MCKAY**  
AB  
TOP 1CO

Signature: ________________________________  
Date: **Augus + 23, 2013**

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

Form (LUS-01)
**Fort McKay Sustainability Department**

Company Name of Association Name (if any)

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

**Email Address:** kbuss@k2law.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  
10405 Jasper Avenue  
Edmonton  
Alberta  
T5J 3N4

**Province**  
**Country (if not Canada)**  
**Postal Code**

**Signature**  
**Date:** Aug 23/13

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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.

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