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) 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.

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.

Please see the attached
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.

Please see attached.

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).

Please see attached.

Part 2: Requested Relief

What relief are you requesting?

Please see attached.
Request for Review of a Regional Plan

Part 3: Other Applicable Information

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

Please see attached

Part 4: Applicant Information

First Name: MELODY Last Name: LEPINE

Mikisew Cree First Nation Government & Industry Relations

Professional Title (if applicable): Director

Email Address: melody.lepine@mcfn.gov.ca Fax #: 780 715 4098

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

Daytime Telephone #: 780 714 6500 Alternate Telephone #: 780 792 8736

Mailing Address: 206 - 9401 Franklin Avenue Ft. McMurray

Apt/Suite/Unit# Alberta Street Address

City/Town T9H 3Z7

Province 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.