



Application for Regional Plan Compensation

Form (LUS-03)

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 application 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 Application for Compensation

Name of Regional Plan

Legal description (Township, Range, Meridian) of the land area for which compensation is requested.

A. **Clearly identify the specific provision (part) of the Regional Plan, or amendment to the Regional Plan, that has caused you to apply for compensation.**

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B. *Explain why the specific provision (section of the Regional Plan) identified above has caused you to apply for compensation.*

Part 2: Requested Relief

What is the amount of compensation you are seeking?

Part 3: Other Applicable Information

Please provide any documents or other information that supports your application for compensation.

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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 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: _____ Date: _____

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

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: _____

Company Name: _____

Professional Title: _____

E-mail Address: _____ Fax #: _____

By providing an e-mail address you agree to receive communications from LUS by e-mail.

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.