



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

Fort McKay First Nation, Fort McKay Metis Association

Company Name or Association Name (if any) \_\_\_\_\_

Professional Title (if applicable): c/o Alvaro Pinto, Director Fort McKay Sustainability Department

Email Address: apinto@fortmckay.com Fax #: \_\_\_\_\_

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

Daytime Telephone #: (780) 828-2480 Alternate Telephone #: \_\_\_\_\_

Mailing Address: P.O. Box 5360 Fort McKay, Alberta T9H 3G4  
Apt/Suite/Unit# \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_

Province \_\_\_\_\_ Country (if not Canada) \_\_\_\_\_ Postal Code \_\_\_\_\_

Signature:  Date: Aug 22 / 2015

**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: Karin Last Name: Buss

Company Name: Klimek Buas Bishop Law Group

Professional Title: Lawyer


Email Address: kbuss@k2blaw.ca Fax #: \_\_\_\_\_

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

Daytime Telephone #: (780) 965-8905 Alternate Telephone #: \_\_\_\_\_

Mailing Address: # 1450, 10405 Jasper Avenue Edmonton

Apt/Suite/Unit#	Street Address	City/Town
<u>Alberta</u>	<u></u>	<u>T5J 3N4</u>
Province	Country (if not Canada)	Postal Code

Signature of Applicant:  Date: August 22, 2013

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.