



Road Allowance Brushing Application

Applicant Name: _____

Contact Information	
Phone Number: _____	Email: _____
Mailing Address: _____	

Legal Land Description(s) of proposed brushing:	Distance of proposed brushing (in miles):
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

Brush removal to be completed by: _____

Brush will be disposed by means of: _____

Reason(s) for removal: _____

Expected date of work	
Commencement: _____	Completion: _____

I, _____, of _____, Saskatchewan have read and understand all terms and conditions as listed within the RM of Beaver River's - 04 Brushing/Clearing of RM Road Allowances policy.

Signed this _____ day of _____, 20_____.

Applicant Signature

Office Use Only	
Date Received:	_____
Approval/Denial Resolution #:	_____
Post-work Inspection Date:	_____
Payment Issued:	_____

1/20 *[Signature]*