



## FORM A

**APPROACH REQUEST – RM of Beaver River No. 622 – Request # \_\_\_\_\_**

I, \_\_\_\_\_, make application to construct an approach on the

East /west /south /north ¼ of Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ W3M

The approach will be built \_\_\_\_\_ wide.

\_\_\_\_\_  
Signature of Landowner / Lease Holder

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of Landowner / Lease Holder

\_\_\_\_\_  
Date (MM/DD/YYYY)

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Number: \_\_\_\_\_



# FORM B

## APPROACH REQUEST – Councillor Approval/Refusal

Please choose one of the following:

**Approval:**

That the approach request on the east/west/south/north ¼ of Section \_\_\_\_\_ Township \_\_\_\_\_

Range \_\_\_\_\_ W3M be approved under the following conditions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
Division Councillor

**Refusal:**

That the approach request on the east/west/south/north ¼ of Section \_\_\_\_\_ Township \_\_\_\_\_

Range \_\_\_\_\_ W3M is refused because:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
Division Councillor



## FORM C

### APPROACH MODIFICATION: PRE & POST INSPECTION FORM

I, \_\_\_\_\_, make application to modify an existing approach on the  
East /west /south /north ¼ of Section \_\_\_\_ Township \_\_\_\_ Range \_\_\_\_ W3M.

The proposed modification: \_\_\_\_\_  
\_\_\_\_\_.

Pre-inspection was performed on \_\_\_\_\_, by \_\_\_\_\_.  
Date (MM/DD/YYYY) Inspector Name

Post-inspection was performed on \_\_\_\_\_, by \_\_\_\_\_.  
Date (MM/DD/YYYY) Inspector Name

Approval: \_\_\_\_\_, by \_\_\_\_\_.  
Date (MM/DD/YYYY) Division Councillor

\_\_\_\_\_  
Signature of Landowner / Lease Holder

\_\_\_\_\_  
Date (MM/DD/YYYY)



**On Site Inspection(s)**

Date: \_\_\_\_\_

Approach Compliant Yes \_\_\_\_\_ No \_\_\_\_\_

The following work needs to be completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Division Councillor

Property Owner or Authorized Representative

Date: \_\_\_\_\_

Approach Compliant Yes \_\_\_\_\_ No \_\_\_\_\_

The following work needs to be completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Division Councillor

Property Owner or Authorized Representative