

Custom Work Agreement Form

Single Request

Date of Request: _____
 (mm/dd/yyyy)

APPLICANT INFORMATION

Name:	
Mailing Address:	
City & Postal Code:	
Phone Number:	
Email Address:	
Fax Number:	

CUSTOM WORK REQUIRED

Please check off the work to be conducted.

- | | | |
|---------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Grading Lane | <input type="checkbox"/> Construct an Approach* | *Councillor approval is required |
| <input type="checkbox"/> Mowing Lane | <input type="checkbox"/> Other*: _____ | |
| <input type="checkbox"/> Snow Removal | (Please specify) | |

PROPERTY INFORMATION

Please indicate the legal land location of where the work is required.

Quarter _____ Section _____ Township _____ Range _____ Meridian _____ W2 _____
(NE, NW, SE, SW) (1 to 36) (13 to 16) (13 to 15)

OR

Registered Plan Number as described at the Land Titles Registry.

Lot _____ Block _____ Plan _____ Subdivision _____

I hereby make application and authorize the municipality to perform custom work on my behalf. I agree to indemnify and save harmless the Municipality of any and all consequential damages to property that may be concealed. I agree that I am responsible to ensure utility locates are completed, if required, in order for the work to be done. **I further understand that the work will only be performed when the equipment is in the area and when time permits.**

I agree to pay to the RM of Francis No. 127 for the custom work requested at the current rates as set by Council annually. In the event that the charges for custom work completed are not paid within thirty days of the billing date and remain unpaid at year end, any unpaid charges will be added to and form part of the taxes on my property. The Municipality may refuse services for delinquent accounts.

Witness Signature: _____ Applicant Signature: _____

TO BE COMPLETED BY RM OPERATOR ONLY

- | | | |
|--|--|---|
| <input type="checkbox"/> Grader _____ Hours | <input type="checkbox"/> Cat & Dozer _____ Hours | <input type="checkbox"/> Back Hoe _____ Hours |
| <input type="checkbox"/> Tractor/Mower _____ Hours | <input type="checkbox"/> 627 Scraper _____ Hours | <input type="checkbox"/> Track Hoe _____ Hours |
| | | <input type="checkbox"/> Pay Loader _____ Hours |

Date(s) Work Completed: _____

Additional Details: _____