

RURAL MUNICIPALITY OF MEETING LAKE NO. 466

Box 26 ~ Mayfair, SK ~ S0M 1S0

Ph.: 306-246-4228 ~ Fax: 306-246-4974 ~ Email: rm466@sasktel.net

CUSTOM GRAVEL HAUL AGREEMENT FORM

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

APPLICANT INFORMATION:  Ratepayer  Non-Ratepayer

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

Please check off type:

- Road Gravel                       Crushed Rock  
 Pitrun                                       Reject Material

PROPERTY INFORMATION

Please indicate the registered land location as described at the land titles registry, where the work is required.

QUARTER \_\_\_\_\_ SECTION \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_ MERIDIAN \_\_\_\_\_  
OR  
LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ PLAN \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

I hereby make application and authorize the RM of Meeting Lake No. 466 to perform custom work on my behalf. I agree to indemnify and save harmless the Municipality of any and all damages to my property. 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 Meeting Lake No. 466 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 a part of the taxes on my property. The Municipality may refuse services for delinquent accounts.

Witness Signature: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

TO BE COMPLETED BY OPERATOR ONLY

DATE: \_\_\_\_\_

Semi/Trailer \_\_\_\_\_ loaded mile

Tandem \_\_\_\_\_ hours

Additional Comments: \_\_\_\_\_