



VILLE DE/TOWN OF
BEAUMONT
 FORMS

Please return forms to:
 Administrative Assistant,
 Legislative Services
 5600 - 49 Street
 Beaumont AB T4X 1A1
 Phone: 780- 929-8782
 Fax: 780- 929-3300

Special Permission Form

SECTION 1 - PERSONAL INFORMATION		
Surname:		First Name:
Mailing Address:		
City/Town:	Province:	Postal Code:
E-Mail:		Phone Number:
SECTION 2 - SPECIAL REQUEST		
Purpose of Special Request (Attach additional information if required):		
Location:		
Timeframe/Dates:		
Is Town property required: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, explain:		
SECTION 3 - AUTHORIZATION		
I certify that the information given on this form is true and complete to the best of my knowledge and acknowledge my authorization of the information to be used for the purposes identified below.		
Signature:		Date:
The personal information requested on this form is being collected under the authority Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used as required/for the purpose of processing special permissions. If you have any questions about the collection or use of your personal information, contact the Town of Beaumont's FOIP Coordinator at 5600-49 th Street, Beaumont, Alberta, T4X 1A1 or (780) 929-8782.		

Internal Use Only.

Municipal Enforcement	Signature:	Date:
RCMP	Signature:	Date:
Development	Signature:	Date:
Public Works	Signature:	Date:
Following review, please forward approval and special conditions to the Administrative Assistant, Legislative Services.		
Administrative Assistant, Legislative Services	Final Approval & Distribution:	Date: