

REQUEST FOR ACQUIRED RIGHTS STUDY

IDENTIFICATION		
APPLICANT:	OWNER:	
ADDRESS:	ADDRESS:	
TELEPHONE:	TELEPHONE:	
E-MAIL:	E-MAIL:	
(Same as applicant)		
PROPERTY		
ADDRESS:		
CADASTRAL NO:		
Fees: 250 \$ (non refundable) Payment Date: Receipt No:	In the case of a minor exemption request, this amount is deductible from the fees.	
What is the non-compliance of your request for an acquired rights study?		
SUPPORTING DOCUMENTS:		
CERTIFICATE OF LOCATION (UP TO DATE)	PERMIT/CERTIFICATE	
☐ PROPERTY HISTORY	OTHER DOCUMENTS	
DECLARATION		
I,, undersigned, hereby declare that the information provided above is, to the best of my knowledge, accurate.		Study request received by:
Signature :		Year Month Day
AUTHORIZATION FROM THE OWNER (PROXY WHEN NECESSARY)		
ACTION FROM THE OWNER (FROXT WHEN NEOLOGART)		
I,, undersigned, owner of the property referred to in the		
present request, authorize to represent me.		
Ouner		
Owner		Date