



# Application for Conservation Directive Compensation

Form (LUS-04)

## Land Use Secretariat

9th floor, Centre West Building  
10035 – 108 Street  
Edmonton, AB T5J 3E1  
TEL: 780-644-7972 or Toll Free Rite Line at: 310-0000  
FAX: (780-644-1034)

## Alberta Land Stewardship Act

### Instructions:

- Complete one form for each application you are filing.
- Please print clearly
- Legal representation is not required; however if you have retained representation, please indicate on the form.
- Submit your completed form(s) with the original signature to the Stewardship Commissioner, Land Use Secretariat.
- The Alberta Land Stewardship Act and regulations can be found on the Queen’s Printer website.

Tracking Number (LUS Office Use Only):

Date Stamp – Request Received by LUS

### Part 1: Details of Application for Compensation

Name of Regional Plan

The legal description (Township, Range, Meridian) of the land area for which compensation is requested.

Provide a copy of the notice of the conservation directive provided to you under section 38 of the Alberta Land Stewardship Act.

# Application for Conservation Directive Compensation

## Part 2: Requested Relief

*What is the amount of compensation you are seeking?*

## Part 3: Other Applicable Information

*Please provide any documents or other information that supports your application for compensation.*

# Application for Conservation Directive Compensation

## Part 4: Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name or Association Name (if any): \_\_\_\_\_

Professional Title (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**By providing an email address, you agree to receive communications from the Land Use Secretariat by email.**

Daytime Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

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

Apt/Suite/Unit#

Street Address

City/Town

Province

Country (if not Canada)

Postal Code

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

**Please note: You must notify the Land Use Secretariat in writing of any change of address or telephone number.**

Personal information requested on this form is collected under the provisions of the *Freedom of Information and Protection of Privacy Act*, Chapter/Regulation: F-25 RSA 2000.

## Part 5: Representative Information (if applicable)

**I hereby authorize the named company and/or individual(s) to represent me:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**By providing an email address, you agree to receive communications from the Land Use Secretariat by email.**

Daytime Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

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

Apt/Suite/Unit#

Street Address

City/Town

Province

Country (if not Canada)

Postal Code

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: If you are representing the applicant and are NOT a solicitor, please confirm that you have written authorization to act on behalf of the applicant. Please confirm this by checking the box below.**

I certify that I have written authorization from the applicant to act as a representative with respect to this application on his or her behalf and I understand that I may be asked to produce this authorization at any time.