



DEVELOPMENT SECURITY DEPOSIT REFUND REQUEST
Date Requested: _____
Received From (Permit Applicant Name):
Name: _____
Address: _____ _____
Phone Number: _____
Email Address: _____
Please provide one form for each address for which you are requesting the Development Security Deposit Refund.

Civic Address: _____

Lot: _____ Block: _____ Plan: _____

Development/Building Permit No.: _____

<u>PLEASE VERIFY:</u>
<input type="radio"/> All Building Permits have been closed as Compliant with all deficiencies corrected
<input type="radio"/> All Gas Permits have been closed as Compliant with all deficiencies corrected
<input type="radio"/> All Electrical Permits have been closed as Compliant with all deficiencies corrected
<input type="radio"/> All Plumbing Permits have been closed as Compliant with all deficiencies corrected
<input type="radio"/> Final Grade Certificate has been submitted and has been approved

Request Received By: _____ Date: _____

The personal information provided as part of this application is collected under the authority of the Municipal Government Act (MGA) and Section 33 (c) of the Freedom of Information and Protection of Privacy Act (FOIP), and it will be protected under Part 2 of the FOIP Act. The personal information collected on this form will be used solely to administer and process Development Security Deposit Refund requests in the Town of Blackfalds. Questions regarding the collection and use of personal information may be directed to: FOIP Coordinator, Town of Blackfalds, Box 220, 5018 Waghorn Street, Blackfalds AB, T0M 0J0; 403.885.6248 or by email at foip@blackfalds.com.