

PERMIT # _____

Parks and Recreation
88 Kipling Street SE
Medicine Hat, AB T1A 1Y3
403.529.8333
parks@medicinehat.ca
www.medicinehat.ca

Vehicle Access Permit

PERMIT APPROVES VEHICLE ACCESS ON LAND OWNED BY CITY OF MEDICINE HAT PARKS & RECREATION

APPLICANT INFORMATION

Name:

Phone number & e-mail:

Date(s) access requested:

City department & point of contact (if applicable):

CONTRACTOR INFORMATION *(if applicable)*

Contractor/company & point of contact:

Phone number & e-mail:

ACCESS INFORMATION

Site & access route location/description:

Vehicle(s) description and weight:

Work description (if applicable):

Access requires ground disturbance (i.e. digging, trenching, hydro excavation) on Parks and Recreation property

APPLICANT SIGNATURE

Undersigned agrees to; have read and comply with *Vehicle Access Permit Terms & Conditions*; minimize disturbance altering pre-access site conditions; and maintain financial liability for any required site restoration in accordance with City of Medicine Hat guidance and guidelines. Failure will result in restoration costs charged to undersigned.

Pursuant to s. 33 (c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* (2019), personal information collected in this form is for the purpose of an operating City of Medicine Hat program or activity. Questions regarding collection and use of personal information may be directed to City of Medicine Hat FOIP Head at 403.529.8234.

Applicant signature:

Date:

The following sections are for City of Medicine Hat Parks and Recreation use ONLY

PRE-ACCESS

Inspection date & notes:

APPROVAL

Date(s) permit effective:

Extension (if applicable):

Application fee waived

Deposit method: Credit card Cheque Work order (WO: _____)

Utility locates required prior to access

Irrigation locates required prior to access

Permit conditions:

Access approved by (name & title):

Signature:

Date:

POST-ACCESS

Inspection date & notes:

Restoration charge total (\$): _____

ADDITIONAL NOTES
