

Director of Operations Services

MUNICIPAL DISTRICT OF GREENVIEW NO. 16

ROAD USE AGREEMENT

Compa Name:	=			
		: Postal Code:		
Contact Person:		Position:		
		Cellular:	Fax:	
e-mail <i>A</i>	Address:			
Compan		on behalf of the Company noted above ket use of M.D. of Greenview roads. By		
1)		effect from the date of authorization		
2)	agreement is binding upon successors and assignees, subject to notification of any changes. Use legal weights only, and notify the Roadata Services Ltd. of any overload / over dimensional loads prior to hauling. In the event that permission is requested for overload weights during Road Ban Season, application may be made to post a security bond. Pictures will be required as well a pre and post haul inspection. Please contact the M.D. office to arrange for inspection dates.			
3)	Any damages or excess maintenance requirements caused by trucks or equipment operating under this agreement are the responsibility of the applicant. This may include but is not limited to snow plowing,			
4)	dust control, grading and re-gravelling. This will be at the M.D.'s discretion. The M.D. will manage the necessary maintenance and invoice the applicant if necessary.			
5)	The applicant agrees to reimburse the M.D. for any work deemed necessary for safe public passage as a result of this activity.			
6)	The applicant is to obtain all required approvals from Alberta Transportation regarding use of the Provincial Highway System. The M.D. is to be advised of major hauls or any movement of equipment on M.D. roadways by way of obtaining a permit through RoaData Services Ltd. at (888)			
	830-7623.			
7)		be advised of completion of above haul	s.	
8)	•			
9)	during hauls to assess damages or maintenance requirements. The M.D. is not responsible for any injury, loss or damages sustained by you, your employees or agents			
4.00	as a result of this activity.			
10)	 It is the responsibility of the driver/operator to contact Alberta Transportation, Alberta Environment Natural Resources Conservation Board, or any other agencies, to obtain any necessary approvals. 			
11)		be suspended until such time as operat		
Date:		Name:	Signature:	
		Position:	Contact #:	
RET	TURN COMPLETED FORM T	O Roadata Services: Fax: 403-341-7467 o	r by e-mail: permits@roadata.com	
Of	fice Use Only			
Accepte		EFFECTIVE DATE:		
David H	Iay, CPWS	AGREEMENT NUMBER:		
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