

Inquiry Respecting Purchase of Municipal Lands

For Office Use	Application Fee Received:
	Date Received:
	File Number:

1. Applicant Information				
Name(s):				
Address:		Municipality:		
Phone:	Email:	Postal Code:		
City/Town:				

2. Location of Municipal Property			
Address:			
Legal Description:			
Assessment Roll No.:			
PIN No.:			
Lot area:	Lot Depth:	Lot Frontage:	
Does the municipal property abut your property? (circle) Yes No			No
Is the request to acquire all or part of the property? (circle) All Part*			Part*
*If part, please enclose sketch showing part subject to request			

3. Abutting Owner Contact Information (if applicable)				
Name(s) of Regis	stered Owner(s):			
Address:		Municipality:		
Phone:	Email:	Postal Code:		
City/Town:				
Name(s) of Regis	stered Owner(s):			
Address:		Municipality:		
Phone:	Email:	Postal Code:		
City/Town:				
Attach additional abo	ata an raquirad			

Attach additional sheets as required

4. Additional Information

5. Applicant Consent and Authorization				
I/We,				
being the applicant(s), hereby acknowledge and agree as follows:				
	This inquiry is non-binding on either the applicant or the Town of Erin with respect to the completion of any proposed sale of land;			
	2. Any proposed sale of land is subject to approval by Council for the Town of Erin at its sole discretion in accordance with the Town's <i>Corporate Policies and Procedures for Disposition of Land</i> ;			
	 All legal, consulting, appraisal, survey, and other related fees without limitation incurred by the Town in connection with the proposed sale of land shall be reimbursed by the applicant. 			
4. Any and all supporting material including this application, surveys, sketches, photographs submitted along with this application are public information and shall form part of the public record. The applicant(s) therefore consents to the copying and release of this information either for its own use or at the request of any third party in connection with this application.				
Signature:	Date:			
Print Name:				
Signature:	Date:			
Print Name:				