



The Town of High River

Parks/Green spaces and Right of Way Access Permit

Date of Application: _____

Name: _____ Phone: _____

Address: _____

Location of work site if different from above: _____

Name and Phone number of person or contractor performing work (if different from above): _____

Type of work or reason for request: _____

Vehicle Information: Make: _____ Model: _____ Year: _____ Colour _____

License #: _____ GVW: _____ Proof of Liability: _____

I, the undersigned will take all reasonable measures to ensure public property caused by me or my agents and I am responsible for restitution and repairs to the Town of High Rivers satisfaction. Further, I will take all reasonable measures to ensure public safety while accessing public lands. This could include, but not be limited to having a ground spotter while maneuvering vehicles, equipment or supplies.

Print Name: _____ Date: _____ Signature: _____

Unauthorized access includes driving, parking or encroaching on rights of way, boulevards, parks and green spaces for the purpose of moving, construction, parking, or any other activity using a vehicle or piece of equipment. Damage to be repaired may include but necessarily limited to soil compaction, disturbance and damage to turf, trees, shrubs or any other vegetation; damage to pathways, roadways, curbs, parking lots, installations, including signage, site furniture, irrigation equipment, and any other site amenities. Repairs include returning the damaged area to pre-existing conditions and to the satisfaction of the Town of High River.

Office Use Only

Pre-Access Inspection

Date: _____ Inspected by: _____ Approved by: _____

Access Route permitted: _____

Conditions of area (turf, trees/shrubs, paths, amenities): _____

Notified Enforcement: _____

Post-Access Inspection

Date: _____ Inspected by: _____ Approved by: _____

Access Route permitted: _____

Conditions of area (turf, trees/shrubs, paths, amenities): _____

Damages?: _____ Repaired: _____ Cost: _____ Payment received: _____