



Municipal District of Wainwright No.61 Ratepayer Gravel Request

DATE: _____

NAME: _____

PHONE NUMBER(S): _____

EMAIL ADDRESS: _____

LAND LOCATION: _____ DIVISION: _____

PURCHASED GRAVEL TYPE OF GRAVEL: 3/4" 1 1/2"

AMOUNT: _____ MT

PRICE QUOTED: _____

DELIVERY INSTRUCTIONS: _____

Office Use Only:

REQUEST TAKEN BY: _____

HOLD BLAMELESS FORM: YES NO

IF NO HOLD BLAMELESS IS SIGNED, DATE SIGNED: _____

ENTERED INTO GRAVEL REQUEST SPEADSHEET BY: _____

DATE: _____