



PREDATOR REDUCTION INCENTIVE PROGRAM APPLICATION FORM



ALL INFORMATION IS REQUIRED TO PARTICIPATE IN THE PROGRAM

Applicant Name :

Email Address :

Phone Number :

Mailing Address :

Rural Address (Blue Sign) :

The Municipal District of Wainwright No. 61 is collecting your name, home and or business phone number, personal and or business email address, address, and postal code under the authority of section 4 (c) of Alberta's Protection of Privacy Act. This information will be used to communicate with you regarding municipal services, account inquires, programs, or any other municipal operating program or activity. The Municipality may disclose your personal information where permitted or required to by law, including either the Access to Information Act or Protection of Privacy Act. If you have any questions about the collection of your personal information, you may contact the Privacy Officer at the Municipal District of Wainwright No. 61 at 780 842 4454.

Privacy Consent : I Agree to authorize the collection of my name and private information for the purposes of this application.

Acknowledgements:

By signing below I acknowledge that I have read, understood and agree to abide by all Information, Terms and Conditions pertaining to the Predator Reduction Incentive Program.

I declare that I meet the residency and eligibility requirements of the Predator Reduction Incentive Program and that the information provided on this form is true and accurate.

I agree to indemnify and save harmless the M.D. of Wainwright, its elected officials, officers, employees, servants, agents, and contractors from any and all claims, demands, causes of action, loss or damages that may result from the applicant's participation in this program.

Signature

Date

