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Alternative Watering System Application

Name of Applicant: _____ Phone: _____

Mailing Address: _____

 _____ E-mail: _____

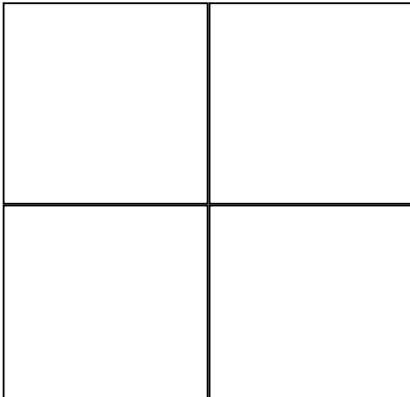
Legal Description of Home Quarter: Qtr: _____ Sec: _____ Twp: _____ Rge: _____
 Legal Description of Project Area: Qtr: _____ Sec: _____ Twp: _____ Rge: _____

Project Location:
 RM of _____
 Sub-District _____

- We provide technical assistance and avenues to suppliers, if you are uncertain about the various systems and the application that suits your needs best.

PROJECT DIAGRAM

(Please indicate project location, design, surrounding vegetation and current land use within section)



Additional Information: (please include dimension estimates and required assistance if possible)

Please read all conditions and responsibilities listed on the reverse side of this application form.

I hereby declare that I have read and understand the conditions of the Alternative Watering System Program and agree to abide to the said terms. I further agree to fully cooperate with the Conservation District Board in completing and maintaining the project as outlined.

Signature of Applicant

Date:

**Please call the office if you require any assistance with filling out this application*

OFFICE USE ONLY			
Date Received: _____	Work Order # _____	Method of Communication: _____	
First Recommendation: _____	Approved _____	Not Approved _____	
Final Recommendation: _____	Approved _____	Not Approved _____	
PAID \$ _____	Date: _____	Cheque # _____	Initials: _____