## Agricultural Operations Review Board Application for Determination

Under the Agricultural Nuisance Provisions of *The Agricultural Operations Act* 

Owner/Operator:Address:					Phone:Postal code:		
					Postal (	loue:	
Land location:	Quarter	Section	Township	Range	 Meridian	 R.M. #	
Type of operation			•	•			_
Complainant:					Phone:		
Address:					Postal o	ode:	
Land location:	Quarter	Section	 Township	Range	 Meridian	R.M. #	
Nature of complaint (use extra pages if necessary):							
Have you informed tl	ne operato	r of your co	mplaint? Y	'es No	If ye	es, list dates and places.	
If the operator was contacted, what action or response did they take?							
What action do you believe the operator should or could take?							
I hereby make application to the Agricultural Operations Review Board to determine if my complaint results from a normally accepted agricultural practice and, if not, to recommend what action should be taken to be consistent with a normally accepted agricultural practice. I understand this application for determination will be provided to the owner/operator, and to Regional Specialists within the Ministry of Agriculture to prepare a field report.							
Dated at	, S	askatchew	an, this	day of		, 20 .	
Signature of applic	ant:						
<b>NOTE</b> : The applicatio attach the additional						nt. For joint applications, ple	ease
Application fee enclo (Make cheque payable				ded X \$100	.00 + GST բ	oer signature = \$	
Room 302-3085 Albert	Street						

Room 302-3085 Albert Street REGINA SK S4S 0B1 Phone: 306-787-5047

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