



Planning Department  
7 Milne Street, PO Box 359  
Minden, ON K0M 2K0

Office Use Only
Fee Receipt Number
Date Received

**Compliance Letter Request**  
**The following information must be completed in full**

Property Owner: \_\_\_\_\_

Part Lot \_\_\_\_\_ Concession \_\_\_\_\_, geographic Township \_\_\_\_\_

Property Assessment Roll Number 4616- \_\_\_\_\_ -000- \_\_\_\_\_ -0000

Street Name and Number: \_\_\_\_\_

Search Requested By:

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number:

Business: \_\_\_\_\_ Home: \_\_\_\_\_

Conditional/Requisition Date: \_\_\_\_\_

It is respectfully requested that this request is submitted a minimum of one (1) week prior to the above noted date. Staff will make every effort to provide the compliance letter on or before the above noted date.

There is a non-refundable fee, in the amount of fifty (\$50.00) dollars, payable to the Township of Minden Hills, by cash, cheque or interac that is to accompany this request.

Signature of Owner or Authorized Agent

Date

\_\_\_\_\_

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