Wood Buffalo TRIBUNALS

SUBDIVISION AND DEVELOPMENT APPEAL BOARD

REQUEST FOR POSTPONEMENT

Property Under Appeal

Property Owner/Business Name	Date of Hearing
Legal Land Description:(i.e. Lot, Block, Plan or ATS 1/4 Sec-Twp-Rng-Mer)	
Civic Address	
Development Permit Number (If applicable)	File No.

Person Requesting Postponement

Name (If the person requesting is a company, enter the complete legal name of the company)			
Mailing Address	City/Town	Province	Postal Code
Telephone Number (Daytime)	Alternate Telephone Number	Email Address	

Capacity to Act

☐ Appellant ☐ Agent	☐ Other (consent of Appellant required)	☐ Respondent (Municipality)

Reasons for Postponement (attached copies of supporting documentation)

(Attach a separate sheet if required)

The Board will make their decision based on the information you have provided on this form unless you intend to attend in person. Do you wish to appear at the hearing to speak to the postponement in person?

☐ Yes	☐ No

Please indicate any date(s) you are not available should your request be granted

Person Requesting Postponement	Signature	Date

NB: Upon receiving this fully completed page 1, the Clerk will forward it to the other party

Protection of Privacy

The personal information you provide on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*. The personal information is used to process your designation of an agent for appeals with the Subdivision and Development Appeals Board. If you have any questions about the collection and use of the personal information contact the Legislative Officer, 7th Floor 9909 Franklin Avenue, Fort. McMurray AB T9H 2K4 ; or call 780.788.2222

To be completed by the person NOT requesting the Postponement

Name (If the person requesting is a company, enter the complete legal name of the company)			
Mailing Address	City/Town	Province	Postal Code
Telephone Number (Daytime)	Alternate Telephone Number	Email Address	

Capacity to Act

☐ Appellant ☐ Agent	☐ Other (consent of Appellant required)	☐ Respondent (Municipality)

Do you consent to the request for postponement?	
☐ Yes	☐ No
If NO, please give reasons for the refusal:	

The Board will make their decision based on the information you have provided on this form unless you intend to attend in person. Do you wish to appear at the hearing to speak to the postponement in person?	
☐ Yes	☐ No

Please indicate any date(s) you are not available should your request be granted

Party NOT Requesting Postponement	Signature	Date

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