

## Claim Application Form

## Survey Monument Restoration Program

I Saskatchev	van Land Surveyor, Commision No, of
in the F	Province of
Do hereby request to claim for restoration wo Saskatchewan for the purpose of conducting	ork to re-establish primary monuments located in a survey for my client as follows.
Client Type:( pri	vate individual or farm corporation or other)
Location of Survey( 1/4	section, section , township, range, meridian)
Type of Survey( pa	rcel, boundary, lease, township )
Number and description of Monuments being	g requested( label and number, NE8, N ¼ 12)
PART A – Primary Monument Re-establishm	ent - Number of monuments
Section(s) Label	, Twp, Rge, W, Twp, Rge, W, Twp, Rge, W, Twp, Rge, W
PART B - Primary Monument Error Correctio	n - Number of monuments
Section(s) Label Section(s) Label	, Twp, Rge, W, Twp, Rge, W, Twp, Rge, W, Twp, Rge, W
Survey Firm Contact information: Name of Survey Firm Address Phone Number Fax Number Email address.	
In support of the claim please find attached the	he following documentation:
Field Notes  Restoration Survey Plan  Parcel Survey Plan	Lease Survey Plan Township Survey Plan TFM Sketch
I am making this claim for payment for the wo Survey Monument Restoration Program, Poli	ork to re-establish the primary survey monuments under the icy # GO-11/001.
Surveyor Name Dated this day ()	