

REQUEST FOR FEE WAIVER FOR COUNTY MAPPING DATA

Requester Name: _____ Date: _____

Representing: _____

The requested data consists of:

Estimated Cost of data, as per current Rocky View County Master Rates Bylaw: \$ _____


Is there a direct benefit to the County by providing this data at no cost? Please explain. Yes No

Is the Requester in partnership with the County on a project related to this request? Yes No
 Please explain and identify the point of contact at RVC:

Is the Requester working directly for the County on a project related to this request? Yes No
 Please explain and identify the point of contact at RVC:

Will this data be used solely for educational purposes? Please explain. Yes No

Please provide any additional information in support of this request for a fee waiver:

FOR OFFICE USE ONLY	Reference Number:		 ROCKY VIEW COUNTY 26075 Rocky View Point Rocky View County, AB T4A 0X2
	Reviewed By:		
	Approved:		
	Approval of this fee waiver does not exempt the Requester from signing the appropriate Data License Agreement		