

# R.M. OF BROCK NO. 64

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PO Box 247  
Kisbey, Saskatchewan  
S0C 1L0  
306-462-2010 (Office)  
Email: [rm64@signaldirect.ca](mailto:rm64@signaldirect.ca)

## Custom Work Agreement Form

Approved: Yes / No

Date of Request: \_\_\_\_\_

### APPLICANT INFORMATION

Name:	
Mailing Address:	
Town & Postal Code:	
Email Address:	
Phone Number:	

### CUSTOM WORK REQUIRED

Please check off the work to be conducted:

- Grading Lane
- Mowing Lane
- Snow Removal
- Dust Control

Distance: \_\_\_\_\_

Additional Comments/Work:

### PROPERTY INFORMATION

Please indicate the legal land location of where the work is required.

Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Meridian \_\_\_\_\_

Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Meridian \_\_\_\_\_

**-OR-** Registered Plan Number as described in the Land Titles Registry.

Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ Subdivision \_\_\_\_\_

I hereby make application and authorize the Municipality to perform custom work on my behalf. I agree to indemnify and save harmless the Municipality of any and all consequential damages to property that may be concealed. I agree that I am responsible to ensure utility locates are completed, if required, in order for the work to be done. **I further understand that the work will only be performed when the equipment is in the area and when time permits. I will contact the R.M. office each time when I require the services indicated above to be completed.**

I agree to pay the R.M. of Brock No. 64 for the custom work requested at the current rates as set by Council annually. In the event that the charges for custom work completed are not paid within 30 days of the billing date and remain unpaid at year end, any unpaid charges will be added to and form part of the taxes on my property. The Municipality may refuse services for delinquent accounts.

Witness Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

TO BE COMPLETED BY THE RM OPERATOR ONLY:

- Grader \_\_\_\_\_ Hours
- Tractor/Mower \_\_\_\_\_ Hours

Date(s) Work Completed: \_\_\_\_\_

Additional Details: