



## CALCIUM ORDER FORM

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

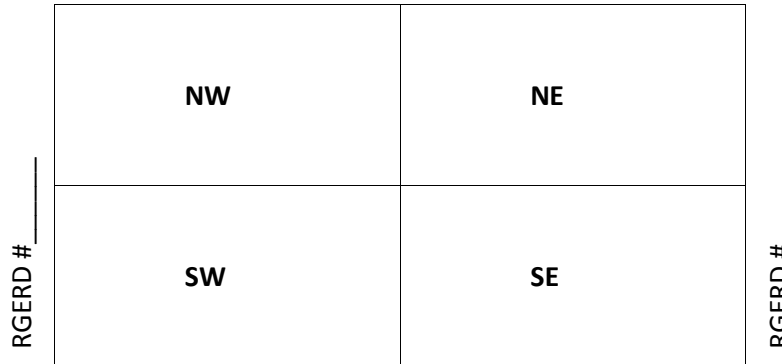
Legal Land Description \_\_\_\_\_ SEC \_\_\_\_\_ TWP \_\_\_\_\_ RGE \_\_\_\_\_ W of \_\_\_\_\_

Division # \_\_\_\_\_ Municipal Address: \_\_\_\_\_

IDENTIFY YOUR HOUSE: Color \_\_\_\_\_ Trim \_\_\_\_\_

Please use the below map reference to draw a diagram for the location of approximate distances from your approach for calcium application. **IMPORTANT:** Draw the location of the **HOUSE** and **ENTRANCE** and any other identifying structures.

TWP # \_\_\_\_\_



TWP # \_\_\_\_\_

- **Maximum length of calcium spread = 200 Meters / 656 Feet**
- **Initial Application = FREE if house is 150 Meters / 500 Feet or less from the road**
- **If house is more than 150 Meters / 500 Feet from the road = \$500.00 + GST**
- **Each Additional 200 Meter / 656 Feet Application = \$500.00 + GST**

**Note:** There is no guarantee as to the length of the life of calcium applied. The drivability and safety of the road will take top priority. The road will be graded as deemed necessary by the Grader Operator or Foreman, supplemented with a water truck or when weather conditions are suitable.

**Rocky View County Fax: (403) 277-5977 / Email: [QUESTIONS@ROCKYVIEW.CA](mailto:QUESTIONS@ROCKYVIEW.CA)**

Application Date: \_\_\_\_\_ Foreman Signature: \_\_\_\_\_



**Credit Card Authorization Form - (MasterCard & Visa Only)**

Date: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize, Rocky View County  
(Please Print)

to charge \$ \_\_\_\_\_ . \_\_\_\_\_ to my Credit Card.

\_\_\_\_\_  
Signature

**\*The following information will be destroyed after processing.**

**Credit Card information:**

Visa (Name on Card) \_\_\_\_\_

MasterCard (Name on Card) \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiry Date  
Month \_\_\_\_\_ Year \_\_\_\_\_

**Please Note: Rocky View County will only accept credit card information  
VIA fax or phone call. We are unable to accept payment sent by email.**

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