

## Crossing Application

23262 Township Road 540  
Fort Saskatchewan, Alberta T8L 4A2  
Tel: (780) 467-8655; Fax: (780) 467-5398  
Web: [www.acrwc.ab.ca](http://www.acrwc.ab.ca)

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### Crossing Information Report

The completion of this form is required to all applicants who have the intention to cross the properties, right-of-ways, sewers, and other infrastructures owned by Alberta Capital Region Wastewater Commission (ACRWC).

The Crossing Application Form is applicable for the crossings of pipes, cables, wires, temporary roads, trails, temporary earth work, site re-grading, and hydrovac operation.

If you have any questions regarding the form, please call 780 467 8655

#### How to Submit the Application:

Complete the Application and email it, along with any attachments, to [info@acrwc.ab.ca](mailto:info@acrwc.ab.ca)

#### How to Fill in the Application Form:

- Provide all applicable information and attachments as required
- If you do not have an answer for the requested information, indicate so and explain why.
- Indicate “N/A” if a section does not apply to your application
- Use additional pages, if necessary.
- Please print clearly if filling out the form in that manner
- Please indicate what material has been attached to ensure that the ACRWC is aware of all the information provided.



<b>Crossing Information Report</b>	
1	<b>Requesting Company Name:</b>
2	<b>Contact Information</b> Contact Person & Title:  Company Name:  Business Mailing Address:  Town or City: <span style="float: right;">Postal Code:</span>  Telephone: <span style="margin-left: 150px;">Fax:</span> <span style="float: right;">Email:</span>
3.	<b>Application Agency Name (if applicable):</b>
4.	<b>Contact Information of the Agency (if applicable)</b> Contact Person & Title:  Company Name:  Business Mailing Address:  Town or City: <span style="float: right;">Postal Code:</span>  Telephone: <span style="margin-left: 150px;">Fax:</span> <span style="float: right;">Email:</span>
3.	<b>Site Information</b>  Crossing Location legal description: Section____Twp.____Range____W4  GPS Coordinates (Latitude & Longitude): _____  Plan Number of the ACRWC R/W: _____  Alberta First Call Ticket Number: _____  Proposed Crossing:      Water line _____ Sewer _____ Wire _____ Electrical Duct _____ Oil _____ Gas _____ Cable _____ Temporary Road _____ Trail _____ Vehicle _____ Hydrovac _____ Earth works and regrading _____ Others _____





The information submitted in this form may subject to verification by the ACRWC:

For ACRWC use only

Date completed form received:

Date information verified/approved: