



## Crossing Application

23262 Township Road 540  
Fort Saskatchewan, Alberta T8L 4A2  
Tel: (780) 467-8655; Fax: (780) 467-5398  
Web: [www.arrowutilities.ca](http://www.arrowutilities.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 ARROW Utilities (A Capital Region Commission).

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@arrowutilities.ca](mailto:info@arrowutilities.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 ARROW Utilities is aware of all the information provided

**Application Review and Response:** Please note that the current turnaround time for processing applications is approximately four (4) weeks from the date of submission.

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<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: Quarter Section ___ Section ___ Twp. ___ Range ___ W4 GPS Location: _____ Plan Number of the ACRWC R/W: _____ Proposed Crossing: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Water line _____</td> <td style="width: 33%;">Sewer _____</td> <td style="width: 33%;">Wire _____</td> </tr> <tr> <td>Electrical Duct _____</td> <td>Oil _____</td> <td>Gas _____</td> </tr> <tr> <td>Cable _____</td> <td colspan="2">Temporary Road _____</td> </tr> <tr> <td>Trail _____</td> <td>Vehicle _____</td> <td>Hydrovac _____</td> </tr> <tr> <td colspan="2">Earth works and regrading _____</td> <td>Others _____</td> </tr> </table>	Water line _____	Sewer _____	Wire _____	Electrical Duct _____	Oil _____	Gas _____	Cable _____	Temporary Road _____		Trail _____	Vehicle _____	Hydrovac _____	Earth works and regrading _____		Others _____
Water line _____	Sewer _____	Wire _____														
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Trail _____	Vehicle _____	Hydrovac _____														
Earth works and regrading _____		Others _____														





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

For ARROW use only

Date completed form received:

Date information verified/approved: