DISTRICT MUNICIPALITY OF MUSKOKA
70 Pine Street
Bracebridge, Ontario
P1L 1N3
(705) 645-6764 or 1-800-281-3483

APPLICATION FOR RELEASE OF LIABILITY

NAME: _____

ADDRESS: _____

ROAD AUTHORITY

DISTRICT PERMIT NO.

_____

(Within the Area Municipality of the _____

Please be advised that the Applicant, under the above permit number, has satisfied all the requirements of this approval and herewith requests a written release from the Municipality of any further liabilities connected with the restoration subject to the quarantee clause stipulated in the permit.

DATE WORK COMPLETED : _____

DATE FINAL RESTORATION COMPLETED: _____

DATE: SIGNED: _____

POSITION: _____

STATEMENT OF RELEASE

This confirms the following :

A) A statement requesting release from liability for the repair has been received (subject to the guarantee period)

B) The guarantee period has been commenced and will terminate on

C) The District has inspected the site recently and finds it in order.

OTHER COMMENTS ;

DATE : SIGNED : _____

POSITION : ROAD SECTION : _____