

Piikani Nation Lands Department
Grazing Application

Applicants Information

Business Name (If applicable): _____
Full Legal name: _____
Co-Applicant Full Legal Name: _____
Mailing Address: _____ Postal Code: _____
Phone Number: _____ Alternate Phone Number: _____
Email: _____

Land Occupant Information

Name: _____ Phone Number: _____
Legal Land Description(s): _____
Total Acres: _____

Animal Information

Brand: _____ Ear Tag Identification: _____ PID: YES / NO (Circle One)
Cow/Calf Pair Description: _____
Units: _____ Months: _____ Amount: _____
Entry Date: _____ Exit Date: _____
Bull Description: _____
Units: _____ Months: _____ Amount: _____
Entry Date: _____ Exit Date: _____

Land Occupant: _____ Date: _____

Permittee: _____ Date: _____

By Signing this application, you agree to the information provided by the Permittee as well as the terms and conditions on the back. Please be advised that your application is approved depending on the state of Grass, Water, Fencing after inspection.

For office use only

Adequate Water: _____ Adequate Fencing: _____ Adequate Grass: _____

Comments/Notes: _____

Approved: _____ For _____ Year(s)

Field Technician Signature: _____ Manager Signature: _____

Permit Registration # _____ BCR # _____