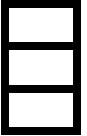


RM OF BLAINE LAKE NO. 434
P.O. BOX 38, 118 MAIN STREET
BLAINE LAKE, SK S0J 0J0
PHONE: (306) 497-2282 FAX (306) 497-2423
EMAIL: rm434@sasktel.net WEBSITE: rmofblainelake434.ca FACEBOOK: Rmof Blaine Lake
CUSTOM WORK WAIVER

Dated this _____ day of _____, 20____
Day Month Year

Division _____
 Grader _____
 Payloader _____



I, _____, of _____
Print Name

Address

Land Location: _____

Contact # _____ 2nd Contact # _____

Hereby request the RM to do the following work: _____

Insert description of work to be done

On the terms and conditions described below:

- 1 I will pay for the work at the rates prescribed by the RM for custom work at the time the work is done.
- 2 I agree that payment will be made within 30 days of the date for the invoice from the RM for the work.
- 3 I undertake to advise the RM of the location of any items which may not be apparent upon a visual inspection for the property, including but not limited to - wells, cables, survey monuments, and any
- 4 Should I fail to advise the RM, I agree that I will be obliged to compensate the RM for any resulting damage to the equipment used and to indemnify and save harmless the RM of and from any and all claims resulting from the equipment coming into contact with such items, including claims for consequential losses.
- 5 I agree to be present while the work is being done. Should I not be present, it shall be presumed that the work has been done to my satisfaction and that it took the amount of time indicated by the Operator, as shown below.

Contracting Party

Witness

DATE _____
 MACHINE _____
 START TIME _____
 END TIME _____
 TOTAL TIME _____
 OPERATOR _____