



DISCHARGE OF CAVEAT REQUEST FORM

This form is to be completed by the registered owner of the property that is the subject of the caveat or by an authorized person acting on behalf of the registered owner.

APPLICANT INFORMATION

Applicant* _____

Mailing Address _____

Phone Number(s) _____

Name of Owner
(if different from applicant) _____

Mailing Address _____

Phone Number(s) _____

*Documents to be mailed to applicant unless alternative instructions are provided below.

LEGAL PROPERTY INFORMATION

Lot: _____ **Block:** _____ **Plan:** _____

Property Address: _____

Instrument Number(s): _____

SUPPORTING DOCUMENTS REQUIRED

- A copy of the owner’s Certificate of Title, searched within thirty (30) days prior to the date of application
- A copy of the Caveat, which can be obtained from Land Titles
- A copy of this application form
- A Justification of Discharge Request letter
- A letter of authorization if the applicant is not the registered owner
- \$75.00 application fee payable to “Regional Municipality of Wood Buffalo”