



REGIONAL MUNICIPALITY
OF **WOOD BUFFALO**

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 owners.

APPLICANT INFORMATION

Applicant**

Mailing Address

Phone Number(s)

Name of the 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 owners' Certificate of Title, searched within thirty (30) days prior to the date of application.
- A copy of the Caveat, which can be obtained from the Land titles including attachments i.e. Development Agreements
- A copy of this application form (completely filled)
- A letter of authorization if the applicant is not the owner
- \$ 50.00 (CDN Fifty Only) application fee payable to "Regional Municipality of Wood Buffalo"
- A copy of the Final Acceptance Certificate (FAC)