



Discharge of Caveat Application

Purpose: The Discharge of Caveat Application is used to request the RMWB to partially or fully discharge a caveat from the Certificate of Title on one or more properties that are subject to the application.

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.

All boxes shall be "CHECKED" and information indicated attached to the application.

OFFICE	APPLICATION SUBMISSION REQUIREMENTS
<input type="checkbox"/>	<input type="checkbox"/> 1. Copy of Current Certificate of Title(s): no more than 30 days old at time of application and may be obtained from Alberta Registries Office. A Letter of Authorization is required of the applicant is not the registered owner.
<input type="checkbox"/>	<input type="checkbox"/> 2. Copy of Caveat(s): a copy of this document may be obtained from Alberta Registries Office.
<input type="checkbox"/>	<input type="checkbox"/> 3. Justification of Discharge Request Letter
<input type="checkbox"/>	<input type="checkbox"/> 4. Pay Applicable Fees: (as outlined in the Fees, Rates and Charges Bylaw as amended) shall be made payable to the Regional Municipality of Wood Buffalo.

PLEASE PRINT

☐ Applicant and Owner Information:

Applicant Name: _____
Mailing Address: _____

Postal Code: _____
Daytime Phone: _____ Alternate: _____ Fax: _____
Email Address: _____
Registered Owner(s): _____
Mailing Address: _____

Postal Code: _____
Daytime Phone: _____ Alternate: _____ Fax: _____
Email Address: _____

☐ Property Information

Legal Land Description¹: _____ Lot: _____ Block: _____ Plan: _____
Civic Address for Compliance: _____



REGIONAL MUNICIPALITY
OF **WOOD BUFFALO**

Planning & Development Services

Regional Municipality of Wood Buffalo

Office: 9909 Franklin Avenue, Fort McMurray, AB T9H 2K4

T: 780-793-1043 E: permit.inquiries@rmwb.ca

Alberta Township Grid System: LSD _____ Sec _____ TWP _____ Range _____ W4M

☐ **Credit Card Information**

Credit Card #: _____ Card Type: _____

Card Holder's Name: _____ Expiry Date: _____

☐ **Registered Owner** (or person acting on the registered owner's behalf)

I, _____ hereby certify that

☐ I am the registered owner, or

☐ I am the agent authorized to act on behalf of the registered owner

and that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application.

Signature

Date

The personal information on this form is authorized under Section 4(c) of the *Protection of Privacy Act* and is managed in accordance with the *Act*. The personal information will be used as contact information and to process your application. If you have questions about the collection or use of your personal information, please contact PULSE at 780-743-7000, 1-800-973-9663, or online at rmwb.ca/pulse.