FORM 6 – CONFIRMATION OF SERVICE



Surface Rights Board 1270 – 605 Robson Street Vancouver, BC V6B 5J3 Phone: 604-775-1740
Toll-free: 1-888-775-1740
Fax: 604-775-1742
Toll-free Fax: 1-888-775-1742

Email: office@surfacerightsboard.bc.ca
Website: www.surfacerightsboard.bc.ca

Instructions

A separate confirmation of service form must be completed for each Respondent or person likely to be affected by the application that has been served.

Purpose of form

This form is used by Applicants to confirm that they have delivered copies of their applications to the required recipients and to verify the method of delivery.

Requirements

Delivery of the completed application with required attachments and any other supporting documents must go to:

- 1. The Board
- 2. The Respondent or authorized representative (The other party to the negotiations. If you are the landowner, then deliver to the subsurface rights holder)
- 3. Any person likely to be directly affected by a decision of the Board including the occupant of the Lands, any other person or company with a right of entry, or anyone that the Board directs is to be notified

Recommendations

If delivery was by registered mail or a means with an acknowledgement of receipt this may be attached. If delivery was by a professional document server, the server may complete this form or provide an affidavit of service that the Applicant may attach to this form. Applicants should keep a copy of everything sent.

Next Steps

The Board will provide acknowledgement of receipt of complete applications. If required, the Board will ask for further information.

Resources and Forms

The Surface Rights Board has resources and forms available online. See: Information Sheets #1 and #2.

		vice of Application pplication was delivered to the recipie	nt, by 1	the method	
	A. Application Description and Declaration				
	This application includes its attachments and supporting documents.				
	Name of Applicant:		Date of Application:		
	Only complete if applicable				
	☐ Copy of Application attached or enclosed together with this form.				
	B. Recipient and Delivery				
	Identify below the name of the intended recipient and delivery method.				
	Include the contact information of person who is to represent the Applicant. A representative is the person known to be acting on behalf of a party.				
	Name of Recipient:				
	Delivery Method	Address		Delivery Date	
	Complete one, and if any, alternate sending/delivery				
	E-Mail				
	Mail				
	Personal Service				
	Other				
	Representative Cont s section only applies	act Information if the person signing this form is actin	g as re	presentative.	
I aı	m the Authorized Repr	esentative and indicate my status (typ	e) belo	ow	
☐ legal counsel					
	icgar coarisci				
	☐ agent				
	J				

3. Signature - Certification By signing below, I certify that: I am an authorized signatory to issue this notice, and that I believe this form is complete and accurate.				
Signature:	Date:			
Name (printed):	Company (if applicable):			