

APPLICATION UNDER S.27  
OF THE SURFACE RIGHTS ACT

NAME(S) OF APPLICANT(S): \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS OF APPLICANT(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER OF APPLICANT(S): \_\_\_\_\_

NAME OF OPERATOR RESPONSIBLE: \_\_\_\_\_

LEGAL LAND DESCRIPTION: \_\_\_\_\_  
(Include Legal Subdivision of well head if applicable)

TYPE OF ACTIVITY  
(Well/Well & Road/Battery Site/Transmission Line/Other) \_\_\_\_\_

DATE OF THE ORIGINAL AGREEMENT (i.e. Lease, etc.): \_\_\_\_\_

DATES OF ANY AMENDMENTS TO ORIGINAL AGREEMENT: \_\_\_\_\_

DATES OF ANY AMENDMENTS TO ORIGINAL PLAN: \_\_\_\_\_

NUMBER OF ACRES COVERED UNDER AGREEMENT: \_\_\_\_\_

AMOUNT OF ANNUAL COMPENSATION CURRENTLY RECEIVING: \_\_\_\_\_

AMOUNT OF ANNUAL COMPENSATION YOU ARE REQUESTING: \_\_\_\_\_

EFFECTIVE DATE OF REVIEW (which date you feel increase should begin): \_\_\_\_\_

DID THE OPERATOR GIVE NOTICE OF REVIEW? YES NO  
(If yes, provide a copy of their letter to the Board)

DID YOU GIVE NOTICE TO THE OPERATOR? YES NO  
(If yes, provide a copy of said letter to the Board)  
(If no, do so now and forward a copy to the Board)

IF YOUR NOTICE TO THE OPERATOR WAS VERBAL,  
APPROXIMATELY WHEN DID YOU GIVE NOTICE? \_\_\_\_\_

DATES OF ANY PREVIOUS REVIEWS HELD BY THE BOARD \_\_\_\_\_

OTHER COMMENTS YOU MAY WISH TO MAKE:

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IMPORTANT: The information requested on this application is collected under the authority of the *Surface Rights Act*, and is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. The information provided will be used to evaluate your application for payment of surface lease or annual compensation payments including notification of operators responsible for such payments, and used collectively for statistical and program evaluation purposes.

**If you have any questions or concerns related to the collection of and/or use of this information, contact the Board Solicitor, Surface Rights Board, 18th Floor, 10020 101 A Avenue, Edmonton, Alberta T5J 3G2 or telephone (780) 427-2444.**

PLEASE READ AND SIGN THE STATEMENT BELOW:

I(we) hereby make application under s.27 of the *Surface Rights Act* for the assistance of the Board with respect to a review of the annual compensation payable.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of First Applicant

\_\_\_\_\_  
Signature of Second Applicant  
(If Applicable)

\_\_\_\_\_  
Signature of Additional Applicant  
(If Applicable)

\_\_\_\_\_  
Signature of Additional Applicant  
(If Applicable)

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**PLEASE ENCLOSE THE FOLLOWING WITH YOUR APPLICATION:**

- A ***photocopy*** of the original agreement (i.e. Surface Lease, Consent of Occupant, Board Order) including plan of site, if possible
- ***Photocopies*** of any amendments to the original agreement or plan
- ***Photocopies*** of all correspondence to and from the Operator with respect to negotiations for the current review

**- PLEASE DO NOT SEND ORIGINAL DOCUMENTS -**

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**RETURN THE COMPLETED APPLICATION TO THE SURFACE RIGHTS BOARD AT THE FOLLOWING ADDRESS:**

**Alberta Surface Rights Board  
18th Floor, 10020 101A Avenue  
Edmonton, AB T5J 3G2**