

**APPLICATION UNDER S.36  
OF THE SURFACE RIGHTS ACT**

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

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

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

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

**IF THE CROWN IS TITLEHOLDER THEN PROVIDE THE NAME(S) OF THE OCCUPANTS:**  
*(i.e. Grazing Lessees, Purchasers by Agreement for Sale, etc.)*

\_\_\_\_\_  
\_\_\_\_\_

**NAME(S) OF PERSON(S) ENTITLED TO RECEIVE THE ANNUAL COMPENSATION:**  
*(If different than the Titleholders please provide information explaining the situation in the section labelled "Other Comments")*

\_\_\_\_\_  
\_\_\_\_\_

**NAME OF OPERATOR RESPONSIBLE FOR MAKING ANNUAL PAYMENTS:**  
\_\_\_\_\_

**LAST KNOWN ADDRESS AND PHONE NUMBER OF THE RESPONSIBLE OPERATOR:**  
\_\_\_\_\_  
\_\_\_\_\_

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

**AMOUNT OF ANNUAL COMPENSATION PAYMENT:** \_\_\_\_\_

**DATE(S) OF PAYMENT(S) THAT WAS/WERE MISSED:** \_\_\_\_\_  
\_\_\_\_\_

**TO THE BEST OF YOUR KNOWLEDGE IS THIS SITE STILL PRODUCING:** \_\_\_\_\_  
\_\_\_\_\_

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

- the original agreement (i.e. Surface Lease, Consent of Occupant, Board Order) including plan of site, if possible
- any amendments to the original agreement
- any correspondence with respect to the involved site
- copy of the last cheque stub received

**GENERAL INFORMATION:**

- One of the steps involved in the s.36 procedure is that the Board will draft a document called a Statutory Declaration. This document includes pertinent information provided by the applicant and required by the Board. The Statutory Declaration must be sworn by the applicant (or one or both of the applicants depending on the situation) in the presence of a Commissioner for Oaths or a Notary Public. If there is more than one person entitled to receive the annual compensation, the Board would ask that you provide the name of the applicant that will be swearing the document in order that we may prepare the Statutory Declaration accordingly. (It is not necessary to provide the name of the Commissioner for Oaths or Notary Public).

**NAME OF APPLICANT WHO WILL SWEAR THE STATUTORY DECLARATION:**

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**OTHER COMMENTS:**

**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.36 of the *Surface Rights Act* for the assistance of the Board in obtaining payment of overdue annual compensation owing to me(us).

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

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

**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

**\*\*\* REMEMBER TO ENCLOSE THE REQUIRED DOCUMENTATION \*\*\***