CAVEAT REVIEW/DISCHARGE REQUEST

REQUEST FOR REVIEW AND/OR DISCHARGE OF CAVEAT/TITLE ENCUMBRANCES

MUNICIPAL LAND MANAGEMENT
53109A Hwy 779
Parkland County AB T7Z 1R1
Phone: 780-968-8888
Fax: 780-968-8413
Toll Free: 1-888-880-0858

INSTRUCTIONS

Submit completed forms in person, or by mail, to **Parkland County C/O Municipal Land Management, 53109A Hwy 779, Parkland County, AB T7Z 1R1**, or via email to: landmanagement@parklandcounty.com

REQUESTOR INFORMATION		
NAME: **C/O (if applicable)**		
MAILING ADDRESS:		
TELEPHONE #:		**EMAIL:**

RESIDENT LAND DESCRIPTION							
QRT/LSD	**SEC**	**TWP**	**RGE**	**W_____M**	**REGISTERED PLAN**	**BLK**	**LOT**

LIST CAVEAT INSTRUMENT NUMBER(S) REGISTERED ON TITLE YOU ARE REQUESTING REVIEW OR DISCHARGE:

REQUIREMENTS TO ACCOMPANY REQUEST

- Copy of the Certificate of Title obtained within the last 30 days of Request
- Copy of Caveat registered on Title (can be obtained from Land Titles)

Justification for discharge request (If required, attach additional page)

Signature

Submission Date

OFFICE USE ONLY

Roll # _____ File # : _____ ☐ APPROVED ☐ DENIED

Application Fee : _____ + GST Finance Code F1710

ADDITIONAL INFORMATION:

COUNTY REPRESENTATIVE

DATE