FORM 2 – NOTICE OF RENT REVIEW



Surface Rights Board 1270 – 605 Robson Street Vancouver, BC V6B 5|3 Phone: 604-775-1740
Toll-free: 1-888-775-1740
Fax: 604-775-1742
Toll-free Fax: 1-888-775-1742

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Instructions

This **Notice of Rent Review** must be delivered to each participant and any person expected to be directly affected by the matter. This Notice must be served on the other party to the surface lease for which you are seeking to have rent renegotiated. This **Notice of Rent Review** may be delivered by mail, email, fax or in person. Retain a copy of this Notice for your files, as the Board will require you to provide a copy at a later date, and keep a record of how you delivered this Notice to the other party,

Either party may apply to the Board for mediation and arbitration if rental provisions have not been successfully renegotiated within 60 days after receipt of this **Notice of Rent Review**. Complete and submit an application for rent review using **Form 1A** (if you are the landowner) or **Form 1B** (if you are the lessee) if and when you require the Board to assist with rent renegotiation. See *Information Sheet #11* for more information about the rent review process.

Purpose of form

This form is required under section 165 of the *Petroleum and Natural Gas Act* to provide notice regarding renegotiation of the rental provision in the surface lease for the lands identified on this form.

1. Notice of Rent Review Applicant
Who is submitting this application form?
Note: If you select "other" please identify/explain
I am the (check only one):
landowner (lessor)
landowner's (lessor's) agent, legal counsel, other:
rights holder
rights holder's (lessee's) agent, legal counsel, other:

2. Land in Dispute		
Legal Description of all parcels subject to rental provisions under review:		
3. Landowner Contact Information		
Landowner (lessor):	Phone Number:	
	Email:	
Address:		
4. Rights Holder Contact Information		
Subsurface Rights Holder (lessee):	Phone Number:	
	Email:	
Address:		
5. Confirmation of Authorized Signatory		
Check the following box: I hereby certify that I am an authorized signatory for the lessor/lessee for this matter.		
Signature:	Date:	
Signature:		
Name (printed):	Company (if applicable):	