

# FORM 7 – NOTICE OF TERMINATION OF SURFACE LEASE OR BOARD ORDER



Surface Rights Board  
 1270 – 605 Robson Street  
 Vancouver, BC V6B 5J3

Phone: 604-775-1740  
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 Website: [www.surfacerightsboard.bc.ca](http://www.surfacerightsboard.bc.ca)

## Instructions

This Notice must be delivered to each party to the surface lease or Board Order. Retain a copy of this Notice for your files as the Board will require you to provide a copy at a later date. You must provide the other party to the surface lease or Board Order with 90 days' notice of termination prior to making an application to the Board to have the surface lease or Board Order terminated.

## Purpose of form

90 days' notice of termination is required under section 167 of the *Petroleum and Natural Gas Act*.

### 1. Surface Lease or Board Order for which this Notice of Termination is given:

Date of surface lease or Board Order:	Board Order No. (if applicable)
Property Legal Description:	P.I.D.
Has the right of entry granted by surface lease or Board Order been exercised? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### 2. Person giving notice

I am the (check only one):

landowner (lessor)

landowner's (lessor's) agent, legal counsel

rights holder

rights holder's (lessee's) agent, legal counsel

<b>3. Landowner Contact Information</b>			
Landowner name(s):		Representative / Contact name:	
Applicant / Firm Name:		Representative / Firm Name:	
Contact Address:		Contact Address:	
City:		City	
Province:	Postal Code:	Province:	Postal Code:
Email:		Email:	
Phone:	Fax:	Phone:	Fax:

<b>4. Rights Holder Contact Information</b>			
Rights Holder name:		Representative / Contact name:	
Respondent / Firm Name:		Representative / Firm Name:	
Contact Address:		Contact Address:	
City:		City	
Province:	Postal Code:	Province:	Postal Code:
Email:		Email:	
Phone:	Fax:	Phone:	Fax:

**5. Confirmation of Authorized Signatory**

Check the following box:

I hereby certify that I am an authorized signatory for the landowner or the rights holder for this matter.

Signature:	Date:
Name (printed):	Company: