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Surface Rights Board of Arbitration  
 113 – 2<sup>nd</sup> Avenue East  
 P.O. Box 1597  
 Kindersley SK S0L 1S0

This form is for operators responding to an application for Recovery of Compensation pursuant to s. 86.1 of *The Surface Rights Acquisition and Compensation Act*.

You must use a separate form for responding to each Recovery of Compensation application.

You must also serve a copy of the completed form and any accompanying documents on the applicant(s) and also file the completed form and accompanying documents with the Board with proof of service upon the applicant(s).

## Part 1 – Contact Information

### OPERATOR

<i>Company Name (if Operator is an entity)</i>				
<i>Mailing Address (Street, PO Box)</i>	<i>(Suite, Apartment)</i>	<i>(Town/City/Village)</i>	<i>(Province)</i>	<i>(Postal Code)</i>
<i>Contact Name (Last)</i>		<i>(First)</i>	<i>Contact Telephone Number ((000) 000-0000)</i>	
<i>E-mail address:</i>				

### APPLICANT(S)

<i>Name (Last)</i>	<i>(First)</i>	<i>Contact Telephone Number ((000) 000-0000)</i>		
<i>Company Name (Optional if applying as an Individual)</i>				
<i>Mailing Address (Street, PO Box)</i>	<i>(Suite, Apartment)</i>	<i>(Town/City/Village)</i>	<i>(Province)</i>	<i>(Postal Code)</i>
<i>E-mail address (By providing an e-mail address I consent to receive documents by e-mail:</i>				<i>Company</i> <input type="checkbox"/> <i>Applying as Individual</i> <input type="checkbox"/>

## Part 2 - OBJECTION

*Date of Application for Compensation being objected to:*

Use the box below to describe the reason(s) you are objecting to the Application.

**Part 3 – Supporting Documentation**

Include copies of any documents that may assist the Board in understanding the whole picture, i.e. correspondence between the Operator and Applicant(s), proof of payment. Please detail any such documentation below or by attaching a separate page to the objection

**Part 4 - Declaration**

It is important that you fill out the statements in this part of the application accurately and completely and that ALL the persons entitled to the compensation sign the application form. Personal representatives are not permitted to sign the application on behalf of the Applicant(s).

In support of my/our application,

I DO SOLEMNLY DECLARE THAT:

1. The payment obligations under the surface lease or agreement, or Board order described in part 2 of this application, have been satisfied;
2. I am a representative of the Operator required to make annual payments under that lease, agreement or order, and I have personally informed myself of the relevant and material records and information pertaining to the Application;
3. I understand that I am responsible for providing evidence in support of my claim.
4. I understand that this form is part of the evidence I am asking the Board to rely upon.
5. I understand that by signing this form I am confirming that all information provided herein is true.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Position*

\_\_\_\_\_  
*Date*