

Six months after the tax lien has been registered, Council for the Town of Lostmyhat passed a resolution authorizing the treasurer to proceed for title. Betty must now complete the "Six Month Notice" (Form C and Form D) and send it by either registered mail or deliver it personally. For this example, Betty has served the notice by registered mail. Please note that the treasurer is to mail out Form C to the assessed owner. (The Form D is kept for office records.) It is at this time that you are also required to send the 'Notice of Intent'. (Please refer to the Tax enforcement Manual.)

FORM C
[Section 2.3]

NOTICE
The Tax Enforcement Act

TAKE NOTICE that the Town of Lostmyhat
(Name of Municipality)

intends to be registered as owner under the above Act of the land described at the foot of this document. The municipality claims title to the land by virtue of an interest based on a tax lien registered against the existing title to the land in the Land Titles Registry as Interest Number(s) 200056761 and you are required to

TAKE NOTICE that unless you contest the claim of the municipality or redeem the land pursuant to the provisions of the above Act within six months from the service of this notice on you and, subject to the further provisions of *The Tax Enforcement Act*, a certificate of title will be issued to the applicant and you will thereafter be forever estopped and debarred from setting up any claim to, or in respect of, the land.

The amount required to redeem the land may be ascertained on application to the Clerk, Treasurer or Administrator of the municipality.

Dated this 16 day of November, 200X.

(Seal)

Betty Jarvis
(Treasurer)

Bob Smith
(Name of Assessed Owner)

Lot 10, Block 12, Plan 65R10130 Ext. # 0 Title #123456789
(Legal Description of Lands, including title number(s))

FORM D
[Section 2.4]

Town of Lostmyhat
(Name of Municipality)

CERTIFICATE AS TO ASSESSED OWNER AND VALUE

I, Betty Jarvis, Treasurer of

*More than one
parcel may be
included if same
owner, pursuant
to subsection
26.2(1) of the Act*

the Municipality of Lostmyhat

No. _____ certify that the name of the assessed owner of

the following land in the Province of Saskatchewan, that is to say:

as that name appears on the last revised assessment roll of the

municipality, is Bob Smith

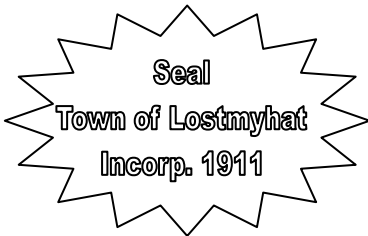
whose address according to that roll is 210 Beret Place

Lostmyhat, Saskatchewan.

AND I certify that the assessed value of the land, according to that
assessment roll is Fifty- Five Thousand dollars (\$ 55,000).

*This means last
revised assessment
roll as of the date
of the resolution
passed pursuant
to subsection 22(1)
of the Act*

Dated this 16 day of November, 200X.



Betty Jarvis
(Treasurer)

FORM E
[Section 2.5]

DECLARATION OF OTHER SERVICES MADE

CANADA

To Wit:

I, **Betty Jarvis**, of **Lostmyhat**, in the Province of **Saskatchewan**, solemnly declare:

That I did serve the attached **Six Month**/Final Notice Pursuant to *The Tax Enforcement Act* in **Form C**/Form G by mailing in a registered letter, postage prepaid, at the Post Office of **Lostmyhat**, a true copy of that notice to the persons mentioned below at the addresses and on the dates stated below, and that annexed to this document are the Postmaster's receipts for those letters.

| Address | Name | Date of Mailing |
|---|------------------|----------------------|
| 210 Beret Place, Lostmyhat, Saskatchewan | Bob Smith | Nov. 16, 200X |
| | | |
| | | |

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

Declared before me at the **Credit Union**)
)
of **Lostmyhat**, in the)
)
Province of Saskatchewan, this **16** day) **Betty Jarvis**
)
of **November**, **200X**)

Joan Johnson

A Commissioner for Oaths in and for
Saskatchewan or Notary Public
My appointment expires on the

30th day, of **June**, **200X**.

Six months has passed since the notice has been served, and Bob Smith still has not paid his taxes. Betty will now complete the "Request for Consent" Form supplied by the Provincial Mediation Board. A copy of the Title must be attached with the application

FORM 5
(Section 24)

REQUEST FOR CONSENT
TO MAKE FINAL APPLICATION FOR TITLE

IN THE MATTER OF THE PROVINCIAL MEDIATION BOARD ACT
AND THE TAX ENFORCEMENT ACT

To: The Provincial Mediation Board,
2151 Scarth Street
REGINA, Saskatchewan S4P 3V7

(306) 787-5408
(Fax) 787-5574

Town of Lostmyhat Box 36, Lostmyhat, Saskatchewan
(Name of Municipality) (Address)

RE: Lot(s) **10** Blk. **12** Plan **65R10130 Ext.# 0** City/Town/Village/RM of: **Lostmyhat**
Sec. Twp. Rge. West of the _____ Meridian.
Title Number(s) **123456789**,

Under *The Provincial Mediation Board Act* the written consent of the Board to make Final Application for Title is requested and the following information is submitted in support:

ASSESSED OWNER **Bob Smith**
(Name)

210 Beret Place, Lostmyhat, Saskatchewan
(Last Known Address)

REGISTERED OWNER **same**
(If different than assessed owner) (Name)

(Last Known Address)

OCCUPANT OF LAND _____ OF ANY BUILDINGS _____
Building Use Residential Commercial _____ Farm _____ In Use: Yes No _____

ARREARS OWING TO DATE OF APPLICATION \$ **1523.65**

CURRENT LEVY (OR LAST YEAR'S) \$ **643.20**

ESTIMATED COSTS \$57.00 _____ PENALTY RATE ON ARREARS **10** %

ASSESSMENT LAND **4500** IMPROVEMENTS **50,500**

ESTIMATED MARKET VALUE OF LAND AND IMPROVEMENTS \$ **55,000**

REMARKS:

ENCLOSURES:

DATE **May 17, 200X**

COPY OF REGISTRY TITLE

CONTACT PERSON **Betty Jarvis**

(UPDATED WITHIN 1 YEAR)

TELEPHONE NO. **(306) 393-1234**

\$20.00 FEE

ROLL NO. **505013200**

AGENT **Town of Lostmyhat**