

Sechelt Indian Band - Lands Department

5545 Sunshine Coast Highway, PO Box 740, Sechelt, BC, V0N 3A0 Phone: 604.740.5600 Toll Free: 1.866.885.2275 Fax: 604.885.6071 lands@secheltnation.net www.shishalh.com

Assignment of Lease Information Package

We are pleased to provide this general information to assist you in the process of the sale of your Leasehold property. By providing us with the following information we will be better able to assist you in a timely manner.

Please be advised that ALL Lease Applicants must be approved by the Sechelt Indian Band PRIOR to Assignment of the Lease. Attached is a copy of the Lease Application Form which your realtor should provide to potential purchasers. Approval of their application will be required prior to instructions being provided to your legal representative for the Assignment of the Lease.

Should you require any additional information or assistance, please contact the Lands Department. We will be pleased to assist you.

CURRENT LEASEHO		
PROPERTY:		
CONTACT INFO:	Phone #:	
	Email:	
FEES/ADJUSTMEN		
Add'I copies of existing lease Discharge If applicable:		\$200+GST to be paid at time of request \$200+GST to be paid from sale proceeds
Outstanding lease payments Outstanding property taxes (prior year) Other charges as applicable		\$TBD to be collected from sale proceeds \$TBD to be collected from sale proceeds \$TBD
REALTOR CONTAC	т:	
Listing Realtor:		ompany:
Cell #:		ail:
LEGAL CONTACT:		
Lawyer/notary:		mpany:
Office #:		ail:

CONSENT TO RELEASE INFORMATION TO AUTHORIZED REPRESENTATIVE:

I/we have contracted with the above Listing Realtor to facilitate the sale of our property on the Sechelt Band Lands. We hereby authorize said realtor to be our Authorized Representative with regards to requesting pertinent information with regards to our Leasehold property from the Sechelt Indian Band Lands Department.

I/we understand that by withholding this authorization, the Sechelt Indian Band will only release information to the Current Leaseholder directly per requirements of protection of privacy legislation.

Signature:	Date:
Print Name:	_
Signature:	Date:
Print Name:	_