Strathcona REGIONAL DISTRICT

Letter of Comfort Request Form

WHERE IS THE PROPERTY?

LEGAL DESCRIPTION (see your Tax Assessment Notice or Certificate of Indefeasible Title)	
Street Name and Number (if known)	

CONTACT INFORMATION FOR PERSON REQUESTING LETTER

Name(s):					
Mailing Address:					
City:		Prov:		Postal Code:	
Tel:		Business Tel:		Fax:	
Cell:		Email:			

DESCRIPTION OF SPECIFIC INFORMATION REQUIRED

Signature of Owner or Authorized Agent	Date

Date Recd:		**Recd by:**		**File #:**	
PID:		**Folio:**			