

CANADA
PROVINCE OF ALBERTA
TO WIT

IN THE MATTER OF Proposed Assignment of

(Type of Disposition)

I, _____
(Name)

of _____, _____, _____
(Full Address) (Province) (Postal Code)

Telephone: _____
(Home) (Business)

Email Address: _____

do solemnly declare:

- 1) I am a Canadian Citizen or permanent resident within the meaning of the *Immigration and Refugee Protection Act (Canada)*.
- 2) I am _____ years of age.
- 3) I am a Provincial Government employee. Yes No

If yes, please provide clearance of conflict of interest from the Deputy Minister of your department in accordance with Section 24 of the *Public Service Act*. Please attach this clearance to the Statutory Declaration.

- 4) My relationship to the assignor is:
- | | | | | |
|--|--|---------------------------------|--|--|
| <input type="checkbox"/> Husband | <input type="checkbox"/> Wife | <input type="checkbox"/> Son | <input type="checkbox"/> Daughter | <input type="checkbox"/> Father |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Brother | <input type="checkbox"/> Sister | <input type="checkbox"/> Father-in-law | <input type="checkbox"/> Mother-in-law |
| <input type="checkbox"/> Son-in-law | <input type="checkbox"/> Daughter-in-law | <input type="checkbox"/> Nephew | <input type="checkbox"/> Niece | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Adult Interdependent Partner (within the meaning of Sec 3(1) of the <i>Adult Interdependent Relationships Act</i>) | | | | |

I hereby assume full responsibility for the payment of all municipal, county, or improvement district taxes heretofore levied against all land(s) covered by the proposed assignment which remain unpaid and for the payment of all taxes responsibility notwithstanding that I may not have been in possession of these lands when they were assessed and placed on the assessment roll by the municipality.

I agree to perform and uphold all conditions of any range improvement agreement or resource management operational plan that may form part of this disposition.

I am aware that the acquisition of a disposition on these public lands does not convey the right to graze bison. In order to graze bison on these public lands, additional written authorization from Environment and Parks is required.

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 _____
of _____ in the province
of _____,
this ____ day of _____, 20____

Signature (Assignee)

A Commissioner for Oaths in and for Alberta

Printed or stamped name of Commissioner for Oaths and date on which appointment expires

The personal information contained on this form is collected under the authorization of Section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* and is managed in accordance with Part 2 of the *FOIP Act*. It will be used for the purpose of monitoring public land utilization in accordance with the *Public Lands Act*. Alberta Environment & Parks will disclose all information contained on this form, including personal information, to anyone requesting a copy in accordance with Section 166-167 of the *Public Lands Administration Regulation*. For further information, please contact Provincial Programs Branch, Operations Division, Alberta Environment and Parks, 5th Floor, South Petroleum Plaza, 9915-108 Street, Edmonton, Alberta, T5K 2G8, telephone 780-427-3570.