

Request for Consideration Form continued

3. Registered owner(s) of the property:
Name(s):

Mailing Address:

Telephone: Business _____ Other _____ Fax _____

4. If the *applicant* is not the owner:
Name of applicant:

Mailing Address:

Telephone: Business _____ Other _____ Fax _____

I hereby declare that all of the above statements and the information contained in the materials submitted in support of this application are to the best of my knowledge true and correct in all respects.

signature

ACKNOWLEDGEMENT OF MEETING DATE

The Regional Board meets on the second Tuesday of each month. The date and time of the meeting, at which the reconsideration will occur, will be set as the next regular Board meeting scheduled 7 or more business days from the date on which the request for reconsideration was delivered to the Regional District of Nanaimo.

By your signature below you acknowledge that you have been notified of the reconsideration date.

DATE OF MEETING: _____

applicant's signature