REQUEST FOR PARCEL CONSOLIDATION

Municipal Office Use Only

Date Received: _____

Received By: _____

SECTION 1 – APPLICANT INFORMATION

Registered Owner(s):

Mailing Address:

Telephone Number: _____

Email Address: _____

SECTION 2 – PROPERTY INFORMATION

Please identify all parcels requested for consolidation.

Parcel	Legal Land Description	And to include (Lot, Block, Plan No.)	Civic Address (if applicable)
1			
2			
3			
4			

Are all parcels registered in the same owner's name?

☐ Yes ☐ No

If no, please explain:

Are the parcels adjacent to one another?

☐ Yes ☐ No

Are the parcels separated by a road allowance, municipal road, or other property?

☐ Yes ☐ No

If yes, please provide details:

SECTION 3 – REASON FOR CONSOLIDATION

Please indicate the reason for requesting consolidation.

☐ Simplification of property ownership

☐ Assessment and taxation purposes

☐ Agricultural purposes

☐ Building or development purposes

☐ Land Titles purposes

☐ Other (please specify):

SECTION 4 – APPLICANT ACKNOWLEDGEMENT

I/We, the undersigned registered owner(s) or authorized representative(s), request that the Rural Municipality review the above parcels for possible consolidation.

I/We understand that:

1. Submission of this request does not guarantee approval of the consolidation.
2. The Municipality may require additional information or documentation before considering the request.
3. Any applicable fees associated with the request will be the responsibility of the applicant.
4. Municipal consolidation for assessment or taxation purposes may differ from the legal consolidation of parcels registered with Saskatchewan's Land Titles Registry.
5. Additional approvals, surveys, legal documents, or registration fees may be required to complete a legal parcel consolidation.

I/We certify that the information provided in this application is true and correct to the best of my/our knowledge.

Applicant Signature: _____

Printed Name: _____

Date: _____

Additional Owner Signature: _____

Printed Name: _____

Date: _____

SECTION 5 – MUNICIPAL OFFICE USE ONLY

Authorized Municipal Official: _____

Signature: _____

Date: _____