

CONSENT TO THE CANCELLATION OF A COMMUNITY PLAN

CONSENTING PARTY (Full Name and Address)

NATURE OF ESTATE OR INTEREST HELD

STATEMENT OF EFFECT ON ESTATES OR INTERESTS OF CONSENTING PARTIES

ESTATE / INTEREST AFFECTED	EFFECT ON ESTATE OR INTEREST HELD OR CLAIMED	CONSIDERATION / VALUE

I/We the consenting party

- (1) certify my/our consent to the application for cancellation of Community Plan No.
- (2) acknowledge that the cancellation will affect my/our estate or interest to the extent set out in the above Statement of Effect panel.

EXECUTION BY CONSENTING PARTY

DATED

.....
Signature of CONSENTING PARTY

.....
Signature of WITNESS - Signed in my presence by the CONSENTING PARTY who is either personally known to me or has satisfied me as to his or her identity. A penalty of up to \$5000 or 1 year imprisonment applies for improper witnessing.

.....
Print Full name of Witness (BLOCK LETTERS)

.....
Address of Witness

.....
Business Hours Telephone No