



**WAIVER OF THE TIME PERIOD
FOR ASSESSMENT**

Pursuant to Part 11.1 of the *Forest Act*

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information on this form is collected for the purpose of administering the *Forest Act* under the authority of both this Act and section 26 of the *FOIPPA*. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed.) **Email: FOI.QRYS@gov.bc.ca**

General Inquiries: 250 953-3082

Toll Free Enquiry BC: 1 800 663-7867

Fax No: 250 356-9243

INSTRUCTIONS:

- For use by a client to waive the time period for assessment, as described in section 142.6(1), within which the Commissioner may assess or reassess under section 142.51(4) of the *Forests Act*.
- One completed copy of this Waiver is to be filed with the Commissioner within six years from the date stumpage should have been due.
- In order for a Waiver to be valid, the matter(s) being waived must be specified in the space provided and the Waiver must not specify a time limit in respect of its period of application.
- A Waiver may be revoked **only** by filing a Notice of Revocation of Waiver (**FIN 158**), and such revocation is effective on the day that is six months after the date on which the Notice is filed.
- This Waiver must be signed by the client, legal representative, or authorized signing officer.
- **Please type or print clearly.**

NAME OF CLIENT (If there has been a name change or amalgamation, also indicate the previous name in brackets.)

ADDRESS

CLIENT NUMBER

WAIVER FOR
THE PERIOD

FROM
YYYY / MM / DD

TO
YYYY / MM / DD

WAIVER

The assessment period referred to in section 142.6(1) of the *Forest Act*, within which the Commissioner may assess or reassess under the Act is hereby waived for the period indicated above, in respect of:

NAME OF CLIENT, LEGAL REPRESENTATIVE OR AUTHORIZED SIGNING OFFICER

POSITION OR OFFICE

SIGNATURE OF CLIENT, LEGAL REPRESENTATIVE OR AUTHORIZED SIGNING OFFICER

DATE SIGNED
YYYY / MM / DD

X