



NOTICE OF REVOCATION OF WAIVER

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 revoke, pursuant to section 142.6(4) of the *Forest Act*, a Waiver of the Assessment Period (**FIN 144**) previously filed.
- A separate Notice of Revocation for each waiver to be revoked, together with a copy of the relevant waiver, must be filed with the Commissioner.
- The waiver in respect of which this Notice is filed will be revoked after the day that is six months after the date this Notice is filed. Where the Notice is sent by mail it is considered to have been filed on the day that the envelope containing the Notice is postmarked.
- A Notice of Revocation of Waiver **can not be rescinded or cancelled** after it has been filed.
- This Notice of Revocation must be signed, by the taxpayer, 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	REVOCATION OF WAIVER FOR THE PERIOD	FROM YYYY / MM / DD	TO YYYY / MM / DD

I hereby revoke the attached waiver.

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	

FOR OFFICE USE ONLY

DATE FILED WITH THE COMMISSIONER	YYYY / MM / DD
SIGNATURE OF COMMISSIONER	POSITION OR OFFICE
X	DATE SIGNED YYYY / MM / DD