

APPLICATION TO REGISTER A NOTICE FOR A MANUFACTURED HOME

MANUFACTURED HOME ACT (MHA)

Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier Address: 200 – 940 Blanshard Street Victoria BC V8W 9V3 Victoria BC V8W 3E6

INSTRUCTIONS

Submit this application with supporting documents to register an instrument of notice for a manufactured home.

For notice of caution updates, please provide all information except for Section 5. For notice of tax sale or redemption, please provide all information except for Section 4.

Freedom of Information and Protection of Privacy Act (FOIPPA) – Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Manufactured Home Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

| * | STAFF USE ONLY |
|---|----------------|
| | DOCUMENT ID |

| | one and provide reason for notice. Attach supporting d e | ocuments for this notice. |
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| Notice of Caution Continuation (MHA s. 22) Other Reason for Notice (example) | n of Notice of Caution Cancel Notice Notice of e: Court Order) | Tax Sale Notice of Redemption |
| MANUFACTURED HOME INFORMAT | ION | |
| MH REGISTRATION NUMBER | SERIAL NUMBER | |
| YEAR OF MANUFACTURE MAKE | MODEL | |
| CURRENT LOCATION OF HOME - Civic Add STREET NO. STREET NAME | Iress CITY/TOWN | PROVINCE |
| Additional Land Description (if applicabl | <u>a)</u> | |
| AFCICTEDED OWNED(C) NAME. Full reserve | of annual (s) and a sum on the Manual atom of the Devictor | |
| REGISTERED OWNER(S) NAME - Full name | of owner(s) as shown on the Manufactured Home Register | |
| PERSON GIVING NOTICE, CAUTION H | OLDER OR TAX COLLECTOR | |
| PERSON GIVING NOTICE, CAUTION H The name and address of the person givi | | |
| PERSON GIVING NOTICE, CAUTION H | OLDER OR TAX COLLECTOR ng notice will be displayed on this manufactured home sear | |
| PERSON GIVING NOTICE, CAUTION HET The name and address of the person giving FIRST NAME OR - BUSINESS NAME | OLDER OR TAX COLLECTOR ng notice will be displayed on this manufactured home sear | |
| PERSON GIVING NOTICE, CAUTION H The name and address of the person givi FIRST NAME | OLDER OR TAX COLLECTOR ng notice will be displayed on this manufactured home sear | |

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Telephone: 1877 526-1526 PO Box 9431 Stn Prov Govt Mailing Address: Courier Address: 200 - 940 Blanshard Street Victoria BC V8W 9V3 Victoria BC V8W 3E6 www.bcreg.ca NOTICE OF CAUTION - Complete this section to file a Notice of Caution, Continuation or Cancellation only. Attach Court Order. COURT REGISTRY LOCATION: FOR REGISTRATION OF A NOTICE OF CAUTION OR FOR COURT-ORDERED CONTINUATION OF CAUTION EXPIRY DATE: ___ NO EXPIRY I hereby certify that an action begun on the Commencement Date specified above claims an interest in this manufactured home, or that a court has ordered continuation of a caution in the Manufactured Home Registry to the Expiry Date specified above. The particulars of such claim or continuation are set forth in the writ, notice, pleading or court order identified by the Court File Number, a true copy of which is attached hereto and forms part thereof. TO CANCEL A NOTICE OF CAUTION - must provide date **CANCELLATION DATE:** The notice of caution remains active until such time as the cancellation is completed by BC Registries. The notice of caution will be deemed to have been cancelled on the Cancellation Date provided by the applicant. 5. TAX SALE SECTION - Complete this section if you are filing a Tax Sale Notice or Redemption Notice only. FOR NOTICE OF TAX SALE **EFFECTIVE DATE:** As a collector or agent for the owner, I confirm this Notice with details of the tax sale attached pursuant to Division 7 of Part 16 of the Local Government Act or other applicable legislation. FOR NOTICE OF REDEMPTION **EFFECTIVE DATE:** As a tax authority, I certify that a notice of redemption has been filed. The Notice of Tax sale can be removed. **SUBMITTING PARTY - Mandatory to complete this section.** FIRST NAME MIDDLE NAME I AST NAME **OR** - BUSINESS NAME MAILING ADDRESS CITY PROVINCE POSTAL CODE **TELEPHONE EMAIL**) ATTENTION TO: (optional) FILE REFERENCE FOLIO NUMBER: (optional) SIGNATURE OF SUBMITTING PARTY I declare that I have relevant knowledge of, and am authorized to submit, this Application to Register a Notice on behalf of the Person Giving Notice, Caution Holder, or Tax Collector listed above. PRINT NAME OF SUBMITTING PARTY SIGNATURE OF SUBMITTING PARTY DATE SIGNED (YYYY/MMM/DD)

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