

MINING CLAIM REESTABLISHMENT FORM

Claim Holder Information

Name of Holder: _____

Company (if applicable): _____

Email: _____ Phone: _____

Mining Claim Information

Disposition Number (s):

If extra space is required, list claims on an attached sheet.

Location / NTS: _____

Date(s) Reestablishment Completed: _____

Is this part of a claim block? _____

- ☐ Boundary Work Completed
- ☐ Outer Boundary Reestablished
- ☐ Shared Boundary Confirmed with Neighbouring Claim Holder
- ☐ Coordinates and Photos Attached
- ☐ Sketch/Map Attached

Assessment Report

Assessment report will be filed in accordance with the Regulations

Declaration

I confirm that the information provided is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Submission

Email this completed form to mines_br@gov.mb.ca

Subject: Fire Damaged Claim Reestablishment - (Claim Number)