

DISPOSITION TRANSFER FORM TRANSMITTAL LETTER

For department use only

Date Received: ____/____/____ D M Y

File Reference #:

To: Rights Disposition Manager
Suite 300-211 Main Street
Whitehorse, Yukon, Y1A 2B2
Phone #: (867) 667-3512
Fax #: (867) 393-6262
E-mail: oilandgasdisposition@gov.yk.ca

Number of pages including transmittal letter:
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Date: _____

From: _____
(Name)

(Address)

Contact: _____

Phone #: _____

Fax #: _____

E-mail: _____

Enclosures:

Disposition Transfer Form in duplicate, with original signatures.

Indicate if digital geo-referenced file with associated metadata file has been:

included **OR** e-mailed

Filename: _____

Comments: