

Case No. _____

BETWEEN:

(Name of all applicants listed on application form)

and

(Name of all respondents listed on application form)

Affidavit in Support of an Application for Abridgement of Service

I _____ of the City/Town/Hamlet/Village of _____,
in the Province of Alberta, **MAKE OATH AND SAY / SOLEMNLY AFFIRM THAT I am applying to
abridge the time of service of my application, for the following reasons:**

SWORN/ AFFIRMED BEFORE ME at the _____ of
_____, in the Province of Alberta,

this _____ day of _____, 20_____

Signature

Approved **Denied**

Application must be served on _____ day(s) notice to respondent.

A Commissioner for Oaths in and for the Province of Alberta

Tenancy Dispute Officer