

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 Substitutional Service

I, _____, of _____
Print full name Print full address including City/Town, Province

_____, as the landlord, tenant, agent, or lawyer,

MAKE OATH AND SAY / SOLEMNLY AFFIRM AND DECLARE:

THAT I have attempted to serve the Application Package on the Respondent(s) without success by: _____

THAT I make this application for substitutional service of the Application Package by way of: _____

THAT I believe that the Respondent(s) will receive the Application Package if served this way because: _____

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

this _____ day of _____, 20____

Signature

A Commissioner for Oaths in and for the Province of Alberta
(Printed or stamped name and expiry date)