ELECTION FORM – LAND PURCHASE

Loose Fill Asbestos Insulation Eradication Scheme First Right of Refusal Resale Program

Part A – Personal details						
Name/s: List all First Right Holders of the remed	diated block					
Current Address:						
Telephone:						
Email:						
Preferred means of contact: Please mark as appropriate		Ema Tele Post	phone			
Part B – Remediated Block						
Address:						
Block:	Sectio			Division		
Part C – Election						
I have been informed of the purchase price for the Remediated Block and make the election as follows: **Please mark the option selected as appropriate – you can only select one option** **Option 1**						
I do not accept the purchase price and acknowledge that;						
 There is no right of review or appeal in relation to the re-purchase price of the abovementioned block. I have the right to compete for the purchase of the abovementioned block on the open market. The abovementioned block may be sold by the ACT Government to an ACT Government Agency or on the open market. I will not be provided further information on the resale of this block. 						

Part D – Signing
Signed by each First Right Holder of the Remediated Block:
Name:
Signature: Date:
Name:
Signature:
Date:
Self Acting
Or
Part E – Solicitors Details (If you are acting for yourself please tick box above)