

Appeal Form

Appellant information: You must complete the follow	mation: You must complete the following.
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*	It is	imnor	tant that	VOU Dr	ovide i	is with a	telenhone	numher	or email add	ress in c	ase the C	order or D	ecision is	withdrawn

* It is important that you provide us with a telephone number or email address in case the Order or Decision is withd Last Name First Name							
Street Address		City			Province	Postal Code	
Telephone *	En			 Email *			
□□□ above and understa • Electr install	ve all correspondence and no paper copies wonic documents are in ed on your computer. Inust notify us of any cher Appeal:	ill be sent. .pdf format whi	ch requires	Adobe R		·	
Property Address					Refere	nce/File No	
Property Owner							
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Please note that all documer please indicate as such.	nts submitted become	part of a public	file. If there	is somet	hing that you w	ould like kept private,	
Important Notice: Your app below by the deadline date in-person, please contact t	. The appeal deadline	is indicated in	your Order				
		n Floor, Chur 10019 103 A Edmonton, AE	chill Build Avenue 3 T5J 0G9	ing			
Appellant's Signature:							
Signature			Date				
Signature This personal information is being							

This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy Act, R.S.A. 2000, c. F-25, s. 33(c), and will be used for administrative purposes and to process your complaint. Personal information collected is protected by the privacy provisions of the Act. If you have any questions about the collection, use or disclosure of this personal information, contact the Director, Tribunal and Civic Agency Governance, Main Floor, Churchill Building 10019 103 Avenue Edmonton, AB T5J 0G9