Tel: (250) 387-3464
 Fax: (250) 356-9923

 www.bceab.ca
 Email: info@bceab.ca

Notice of Appeal

To ensure your appeal is properly filed, please sign and complete all sections of this form and submit it to the Environmental Appeal Board via mail or email. You will need to include a \$25 appeal fee via cheque, money order or bank draft payable to the Minister of Finance. If you submit this document by email, you will have eight days afterward to pay the fee.

Section 1: Appellant Information

Last Name (if Individual is appealing)	Organization	Name (if Organ	ization is appe	ealing)		
First Name (if Individual is appealing)	Pronouns (for	Individuals)				
	☐ He/Him	☐ She/Her	☐ They/The	ir 🗆 🤉	Sir/Hir	☐ Zie/Zir
Address		City		Prov.	Postal	Code
Email		Telephone				
I wish to self-identify as Indigenous (of Inuit, Métis, First Nation, status or non-status identity or ancestry, or as representing a group that is or primarily represents or serves indigenous communities [tribes, bands, treaty offices, friendship centres, etc.]). If you self-identify, the Board will ensure cultural sensitivities are respected as part of implementing the Truth and Reconciliation Committee's 94 Calls to Action. While data may be collected broadly, you will not be identified as Indigenous, outside the appeal, if you self-identify.						
Section 2: Representative Information						
Last Name		First Name				
Pronouns He/Him She/Her They/Their Sir/Hir Zie/Zir						
Organization (if applicable)						
Address		City		Prov.	Postal	Code
Email		Telephone			1	
I wish to self-identify as Indigenous (of In representing a group that is or primarily offices, friendship centres, etc.]). If you see part of implementing the Truth and Reco	represents or self-identify, the onciliation Com	serves indigend e Board will ens imittee's 94 Cal	ous communit sure cultural so ls to Action. W	ies [tribo ensitiviti hile data	es, band es are r	ls, treaty espected as

NOTE: The email(s) and/or address(s) above are the presumed addresses for the delivery of documents from the Board and other parties, unless you specify otherwise (on a separate page).

Section 3: Decision Under Appeal

• • • • • • • • • • • • • • • • • • • •					
Decision maker (including their title and the Ministry or government agency responsible)					
Date the decision was received	Decision number (if applicable)				
I confirm I have included a copy of the decision I wish to appeal or, if not, I have included an explanation why I have not done so.					
Section 4: Reason for the Appeal					
Reason the appealed decision should be changed, and	d the desired outcome (attach more pages if needed)				
Section 5: Special Handling					
I need to be contacted promptly to discuss special handling of my appeal (for example, a stay decision to temporarily stop the decision while the appeal is underway).					
 Section 6: Authorization By signing below or checking the provided box, I confirm the information I have provided is, to the best of my knowledge, accurate and complete. I also understand that: I (or my representative) must be available to respond to questions from the Environmental Appeal Board (EAB) during the life of my appeal, and I (or my representative) must advise the EAB, as soon as possible, of any changes to my (or my representative's) address or contact information, or the delivery address; and my appeal can be dismissed if I fail to respond to questions or directions from the Board within a reasonable timeframe, as determined by the EAB and as set out in its Rules. 					
Signature	Date				
I am checking this box in place of signing this form. This amounts to a legal signature and confirms my acknowledgement and agreement with the requirements outlined in this Section.					