



# Environmental Appeal Board

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## Notice of Appeal

To properly file your appeal, sign and complete all sections of this form, required by section 22 of the *Administrative Tribunals Act* and the Environmental Appeal Board's (EAB's) rules. Submit the form to the EAB 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. If you have any questions about the collection of this information, please email [info@bceab.ca](mailto:info@bceab.ca). Your inquiry will be routed appropriately.

### Section 1: Appellant Information

Last Name (if Individual is appealing)		Organization Name (if Organization is appealing)				
First Name (if Individual is appealing)		Pronouns (for Individuals)				
		<input type="checkbox"/> He/Him	<input type="checkbox"/> She/Her	<input type="checkbox"/> They/Their	<input type="checkbox"/> Sir/Hir	<input type="checkbox"/> Zie/Zir
Address			City	Postal Code		
Email			Telephone			
<input type="checkbox"/> I wish to self-identify as Indigenous. <sup>1</sup>						

### Section 2: Representative Information

Last Name		First Name			
Pronouns					
<input type="checkbox"/> He/Him		<input type="checkbox"/> She/Her	<input type="checkbox"/> They/Their	<input type="checkbox"/> Sir/Hir	<input type="checkbox"/> Zie/Zir
Organization (if applicable)					
Address			City	Postal Code	
Email			Telephone		
<input type="checkbox"/> I wish to self-identify as Indigenous. <sup>1</sup>					

**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).

**1:** Indigenous, here, means one of Inuit, Métis, First Nation, status or non-status identity or ancestry, or representing a group that is or primarily represents or serves indigenous communities (tribes, bands, treaty offices, friendship centres, etc). Where someone self-identifies, the information is shared with all parties and representatives in the appeal, and the Board will work to respect cultural needs and ensure fair processes. Parties or representatives may also self-identify privately. In that case, the information is kept private and used only for larger (non-individually identifying) statistical analyses, to guard against any institutional biases and identify any access to justice concerns.

### 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)
<input type="checkbox"/> 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 (attach more pages if needed)

The decision should be changed because:
My desired outcome is:

### Section 5: Special Handling

- |  |
|--|
| <input type="checkbox"/> 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, or if there are disabilities that need to be accommodated). |
|--|

### 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 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;
- 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; and
- I acknowledge and consent that the EAB may disclose the information contained in this form in accordance with its Rules.

Signature	Date
<input type="checkbox"/> 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.	