RAP-7 – Application for Dispute Resolution

TLA'AMIN NATION Review and Appeal Law Form RAP-7 APPLICATION FOR DISPUTE RESOLUTION	Date received: _____ Request number: _____ (for office use only)

NATURE OF DISPUTE: [*Provide a brief summary of the nature of the dispute*]

QUESTION FOR THE PANEL: [*which may be answered in the affirmative or negative*]

RESPONDENTS: *[Provide the names of the other parties to the dispute]*

APPLICANT'S CONTACT INFORMATION:

Full legal name:	
Citizenship No.: *If applicable*	
Phone No.:	
Mailing address:	
E-mail address:	

APPLICANT'S AGENT'S CONTACT INFORMATION (if applicable):

Full legal name:	
Phone No.:	
Mailing address:	
E-mail address:	

Address for Delivery: *[This will be used to deliver any notices]*

CHECK ONE:

☐ *Applicant's mailing address* ☐ *Applicant's e-mail address*

☐ *Applicant's agent's mailing address* ☐ *Applicant's agent's e-mail address*

[Attachments must be in Forms: RAP-2 Additional Information, RAP-3 Schedule(s), RAP-4 Declaration(s)] I acknowledge that this Application for Dispute Resolution is subject to the requirements of the *Review and Appeal Law* and regulations, and that receipt for filing is not an indication that the requirements have been met.

AGREEMENT TO ACCEPT DECISION:

In signing this form, I agree:

- to submit to the jurisdiction of the Panel, and
- to accept as binding a final decision made by the Panel.

Full name of applicant: _____

Signature: _____ Date: _____