RAP-1 – Review or Appeal Request

TLA'AMIN NATION Review and Appeal Law Form RAP-1 REVIEW OR APPEAL REQUEST	Date received: _____ Request number: _____ (for office use only)

Issue to be reviewed or appealed. [*Describe the decision you are appealing or the matter to be reviewed.*]

_____

_____

_____

Date of decision: *[When was the decision made and when were you notified (if different)]* _____

_____

Respondent: *[Who made the decision you are appealing?]*

_____

_____

Relief sought: *[What outcome are you requesting?]*

_____

_____

_____

_____

The basis for the request is: *[Briefly set out the reason(s) why the decision should be changed as requested above]*

_____

_____

_____

_____

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 in relation to the Review or Appeal Request. Note: the Panel's preferred means of communication is through e-mail]*

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 of Relevant Document(s), RAP-4 Declaration(s)]

I acknowledge that this Review or Appeal Request 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.

Signature: *[This Review or Appeal Request must be signed by the applicant or applicant's agent]*

Full name of applicant or agent: _____

Signature: _____ Date: _____