



# HUU-AY-AHT TRIBUNAL NOTICE OF APPLICATION APPEAL OF ADMINISTRATIVE DECISION

TRIBUNAL ACT (s.17(a)&(b), 20, 26).

# FORM A2

APPLICATION # 2014-002  
(for registry use only)

NOTES: For appeals of tickets or compliance notices please use Form A1, unless your appeal is based on a challenge to the validity of a law.

If there is not sufficient space on this form for any of the information required, you may attach a schedule and reference it in the space provided.

Where a fee is payable, it must accompany this form. It is the responsibility of the person filing to pay any prescribed fee. Information about any Tribunal fees payable is available on the Huu-ay-aht website: [www.huuayaht.org](http://www.huuayaht.org)

The Applicant is responsible for ensuring that the Application is brought within the time limit set out in the applicable legislation. Administrative decisions must be appealed within 60 days, unless otherwise specified.

**DECISION APPEALED** Describe the decision you are appealing.

DECISION -No evidence of Executive Council resolutions to mandate negotiations of \$1 million+ option agreement for gold mining tenures or land acquisition discussions with Island Timberlands

No date  
DATE OF DECISION

**RESPONDENT** Who made the decision you are appealing?

James Edwards  
NAME

Executive Director  
POSITION

**RELIEF SOUGHT** What outcome are you requesting?

Tribunal to order something to be done under s. 23 of the Act  
Issue a declaration that the decision was illegal

**GROUND(S) FOR APPEAL** Briefly set out the reason(s) why the decision should be changed as requested above.  
If this is a challenge to the validity of a Huu-ay-aht law, see *Tribunal Act*, s. 26

Purchasing Policy Section 4 sub section 1.B of the  
Government Act Section 56

**THIS FORM HAS TWO SIDES  
YOU MUST COMPLETE BOTH**



**HUU-AY-AHT TRIBUNAL NOTICE OF APPLICATION  
APPEAL OF ADMINISTRATIVE DECISION**  
*TRIBUNAL ACT (s.17(a)&(b), 20, 26).*

**FORM A2**

**APPLICANT**

LAST NAME: Charles GIVEN NAME(S) Sheila

MAILING ADDRESS [REDACTED] CITY/TOWN: [REDACTED] P.C. [REDACTED]

PHONE: [REDACTED] FAX N/A EMAIL ADDRESS: [REDACTED]

**APPLICANT'S AGENT** To be completed only if an agent will be acting on behalf of the Applicant.

LAST NAME \_\_\_\_\_ GIVEN NAME(S) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**ADDRESS FOR DELIVERY** This will be used to deliver any notices in relation to the Application.  
**Note: the Tribunal's preferred means of communication is through email.**

**CHECK ONE:**  Applicant's Email  Applicant's Fax  Applicant's Mailing Address  
 Agent's Email  Agent's Fax  Agent's Mailing Address  Use Email or Fax or Address **provided in space below:**

**SIGNATURE** This notice of application must be signed by the Applicant or Applicant's agent.

FIRST AND LAST NAMES OF APPLICANT OR AGENT \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**For Registry Use Only** Date Received: January 9, 2014