



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

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

FORM A2

APPLICATION # 2014-003
(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

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 - Executive Council resolution designating Huu-ay-aht public records not in place as required under section 4 of the Freedom of Information and Protection of Privacy Act.

Ongoing

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

Freedom of Information and Protection of Privacy Act. section 4
Government Act Section 55 Sub section 1 & 2

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



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APPEAL OF ADMINISTRATIVE DECISION**
TRIBUNAL ACT (s.17(a)&(b), 20, 26).

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APPLICANT

LAST NAME: Charles GIVEN NAME(S) Sheila

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

PHONE: [REDACTED] FAX [REDACTED] EMAIL ADDRESS: [REDACTED]@[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