



**HUU-AY-AHT TRIBUNAL NOTICE OF RESPONSE
RESPONSE OF ADMINISTRATIVE DECISION MAKER**

FORM B1

NOTES: This form is to be used for a Response by or on behalf of an administrative decision maker responding to an Application.

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. You may also attach documents if necessary.

Responses must be filed with the Tribunal within 14 days of service of the Notice of Application.

APPLICATION RESPONDED TO

This is the Further Amended_Response to Application # **2014-007**

RESPONSE TO GROUNDS Briefly set out your position on the Grounds for Appeal advanced in the application, including any relevant additional facts.

1. The Respondent reported to Executive Council at its February 27, 2014 Executive Council meeting on the implementation of Resolution 2013-155. Executive Council accepted the Executive Director's report and no issues were raised with respect to whether the Executive Director had implemented its terms as directed.

RESPONSE TO RELIEF SOUGHT Set out your position on the relief sought in the Application.

The Respondent objects to all relief sought on the following bases:

1. The Executive Director implemented Resolution 2013-155 by its deadline.
2. Declaratory relief is not appropriate in the circumstances:
 - a. as the Applicant has other statutory means at her disposal to address the issues raised in this Application. In particular, as a member of Executive Council, she could and should have raised the matter with Executive Council and not with the tribunal;
 - b. as no right of the Applicant is raised in the situation.

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

00813260



**HUU-AY-AHT TRIBUNAL NOTICE OF RESPONSE
RESPONSE OF ADMINISTRATIVE DECISION MAKER**

FORM B1

RESPONDENT		
Edwards	James	Executive Director
LAST NAME	GIVEN NAME(S)	POSITION
MAILING ADDRESS	CITY/TOWN	POSTAL CODE
PHONE	FAX	EMAIL ADDRESS
RESPONDENT'S AGENT <small>To be completed only if an agent will be acting on behalf of the Respondent.</small>		
Skeels	Melinda	
LAST NAME	GIVEN NAME(S)	
Suite 500 – 221 West Esplanade	North Vancouver	V7M 3J3
MAILING ADDRESS	CITY/TOWN	POSTAL CODE
(604) 988-5201	(604) 988-1452	mskeels@ratcliff.com ccraighead@ratcliff.com
PHONE	FAX	EMAIL ADDRESS
ADDRESS FOR DELIVERY <small>This will be used to deliver any notices in relation to the Application. Note: the Tribunal's preferred means of communication is through email.</small>		
CHECK ONE: <input type="checkbox"/> Applicant's Email <input type="checkbox"/> Applicant's Fax <input type="checkbox"/> Applicant's Mailing Address <input checked="" type="checkbox"/> Agent's Email <input type="checkbox"/> Agent's Fax <input type="checkbox"/> Agent's Mailing Address <input type="checkbox"/> Use Email or Fax or Address provided in space below:		
SIGNATURE <small>This notice must be signed by the Respondent or Respondent's agent.</small>		
FIRST AND LAST NAMES OF PERSON SIGNING		
January 22, 2014 Amended February 14, 2014 Further Amended April 2, 2014		
DATE	SIGNATURE	
For Office Use Only	Date Received: _____	

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