



# HUU-AY-AHT TRIBUNAL NOTICE OF APPLICATION APPEAL OF TICKET OR COMPLIANCE NOTICE

# FORM A1

TRIBUNAL ACT (s.17(a), 20).

APPLICATION # \_\_\_\_\_  
(for registry use only)

NOTES: This form is to be used for appealing tickets and compliance notices only. If you wish to challenge a ticket or compliance notice on the basis of invalidity of the law on the basis of which the ticket or notice was issued, please use Form A2.

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.huuayah.org](http://www.huuayah.org)

Appeals of Compliance Notices must be filed within 14 days of issuance of the Compliance Notice. Appeals of Tickets must be filed within 30 days of issuance of the Ticket.

<b>DECISION APPEALED</b> What are you appealing?	
CHECK ONE: <input type="checkbox"/> Compliance Notice <input type="checkbox"/> Ticket	
_____	_____
IDENTIFICATION NUMBER	DATE ISSUED
<b>RESPONDENT</b> Who issued the ticket or compliance notice?	
_____	_____
NAME	POSITION
<b>RELIEF SOUGHT</b> What outcome are you requesting?	
CHECK ONE: <input type="checkbox"/> Set aside Compliance Notice / Ticket <input type="checkbox"/> Set a Payment Schedule for Fine	
<input type="checkbox"/> Vary Terms of Compliance Notice (specify): <input type="checkbox"/> Other (specify):	
<b>GROUND(S) FOR APPEAL</b> Briefly set out the reason(s) why the ticket or compliance notice should be set aside or changed as requested above.	

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



**HUU-AY-AHT TRIBUNAL NOTICE OF APPLICATION  
APPEAL OF TICKET OR COMPLIANCE NOTICE**

**FORM A1**

*TRIBUNAL ACT (s.17(a), 20).*

**APPLICANT**

\_\_\_\_\_  
LAST NAME

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

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY/TOWN

\_\_\_\_\_  
POSTAL CODE

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
EMAIL ADDRESS

**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: \_\_\_\_\_

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