



**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 a Response to Application # _____.

RESPONSE TO GROUNDS

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

RESPONSE TO RELIEF SOUGHT

Set out your position on the relief sought in the Application.

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



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FORM B1

RESPONDENT		
_____	_____	_____
LAST NAME	GIVEN NAME(S)	POSITION
_____	_____	_____
MAILING ADDRESS	CITY/TOWN	POSTAL CODE
_____	_____	_____
PHONE	FAX	EMAIL ADDRESS
_____	_____	_____
RESPONDENT'S AGENT To be completed only if an agent will be acting on behalf of the Respondent.		
_____	_____	
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: <input type="checkbox"/> Applicant's Email <input type="checkbox"/> Applicant's Fax <input type="checkbox"/> Applicant's Mailing Address <input 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 This notice must be signed by the Respondent or Respondent's agent.		

FIRST AND LAST NAMES OF PERSON SIGNING		
_____	_____	
DATE	SIGNATURE	
For Office Use Only	Date Received: _____	

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