



HUU-AY-AHT TRIBUNAL NOTICE OF RESPONSE GENERAL

FORM B4

NOTES: This form is to be used for responses for which no other form is specified by the Tribunal.

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.

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 #2019-01.

RESPONSE TO GROUNDS

Briefly set out your position on the grounds advanced in the Application, including any relevant additional facts.

1. The HUU-ay-aht First Nations Government does have the power to make the law in question.
2. The *Election Act*, HFNA 6/2011, s. 7(3) is a law respect of the election, administration, management and operation of the HUU-ay-aht government.
3. Law-making authority in respect of the election, administration, management and operation of that the HUU-ay-aht government is specifically provided for in the Maa-nulth First Nations Final Agreement, s. 13.11.1 and the *HUU-ay-aht Constitution*, HFNA 1/2011, s. 3.1 & 3.2 (b)&(gg).

RESPONSE TO RELIEF SOUGHT

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

The Respondents oppose the granting of the relief sought.

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



HUU-AY-AHT TRIBUNAL NOTICE OF RESPONSE
GENERAL

FORM B4

RESPONDENT

Huu-ay-aht First Nations

LAST NAME

GIVEN NAME(S)

4644 Adelaide Street

Port Alberni

V9Y 6N4

MAILING ADDRESS

CITY/TOWN

POSTAL CODE

250-723-0100

PHONE

FAX

EMAIL ADDRESS

RESPONDENT'S AGENT

To be completed only if an agent will be acting on behalf of the Respondent.

Skeels

Melinda

LAST NAME

GIVEN NAME(S)

c/o Ratcliff & Company
500 – 221 West Esplanade

North Vancouver

V7M 3J3

MAILING ADDRESS

CITY/TOWN

POSTAL CODE

604-988-5201

604-988-1452

mskeels@ratcliff.com

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 Response must be signed by the Respondent or the Respondent's agent.

Melinda Skeels

FIRST AND LAST NAMES OF RESPONDENT OR AGENT

May 8, 2019

DATE

SIGNATURE

For Registry Use Only

Date Received: _____