



Safety Standards Appeal Board
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FORM 2 - RESPONSE TO APPEAL – (Rule 14)

The information on this form is collected under the authority of the *Safety Standards Act* and will be used to process your appeal under the *Safety Standards Act* or the *Homeowner Protection Act*. If you have any questions about the collection and use of this information, contact the Registrar at the address shown above.

To be valid, the Board must receive the response, or it must be postmarked (by Canada Post), no later than **14 days** of the date the respondent was served with the notice of appeal.

A. RESPONDENT INFORMATION

Respondent Name: Contact Name: (if different) Address: City: Province: Postal Code: Telephone: () Fax: () E-mail:			
Indicate preferred method of receiving correspondence:	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> E-Mail
Agent (If using an Agent) Business Name: Address: City: Province: Postal Code: Telephone: () Fax: () E-mail:			
Indicate preferred method of receiving correspondence:	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> E-Mail
Counsel (if using Counsel) Business Name: Address: City: Province: Postal Code: Telephone: () Fax: () E-mail:			
Indicate preferred method of receiving correspondence:	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> E-Mail

B. APPEAL INFORMATION

Date of Notice of Appeal: _____
Name of Appellant: _____

C. GROUNDS FOR DECISION BEING APPEALED

Please explain the grounds on which the decision being appealed was made, identifying (if applicable) specific provisions of the *Safety Standards Act*, associated regulation(s) and/or adopted code(s) and standard(s) which support the decision: (If more room is needed, please attach a separate sheet)

D. SIGNATURE

_____ Date _____
(Signature of Appellant, Agent or Counsel)