

Request for Review of a Decision under the Fire Safety Act

REQUESTOR INFORMATION

Requestor name:		
Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	
Email:		
Indicate preferred contact method: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail		

TYPE OF DECISION – You must attach a copy of the order (fire inspector or evacuation) or the notice of administrative penalty

Indicate the type of decision for which you are requesting a review: <input type="checkbox"/> Fire inspector order <input type="checkbox"/> Preventive evacuation order <input type="checkbox"/> Notice of administrative penalty	
Name of the person who issued the decision:	
Local authority/organization:	Date the decision was made:
How the order or notice was delivered: <input type="checkbox"/> Hand delivery <input type="checkbox"/> Registered mail <input type="checkbox"/> Email	
Date you received the order or notice:	

REASON FOR THE REVIEW (If more space is needed, attach a separate page)

Describe the error that you believe was made or other reasons why you think the decision should be reviewed:
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Describe the outcome you are seeking from the review:

Signature: _____

Date: _____