

Request for Review of a Decision under the Fire Safety Act

You may use this form to request a review of certain decisions made under the Fire Safety Act.

A review is available only to a person who has been served with one of the following orders or notice:

- a fire inspector order issued under section 11,
- a preventive evacuation order issued under section 14, or
- a notice of administrative penalty imposed under section 33.

You must send this request for review to the Office of the Fire Commissioner (OFC) within 10 business days of the day you received the order or the notice of administrative penalty.

Send your completed form and include a copy of the **order (fire inspector or preventative evacuation) or the notice of administrative penalty** to:

By mail

Office of the Fire Commissioner
PO Box 9214 Stn Prov Govt
Victoria, B.C. V8W 9J1

By fax

250-356-7699

For more information about the review process go to the BC government website [here](#) or call OFC at 1-888-988-9488.

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:
--

Describe the outcome you are seeking from the review:

Signature: _____

Date: _____