

Appellant information (fill out completely)

| Appellant information | | | |
|--|----------|-------------|--------------|
| Name of Appellant | | | |
| Mailing address | | | |
| City/Municipality | Province | Postal code | Phone number |
| Agent information and certification (if Appellant is represented by an Agent) | | | |
| Name of Agent | | | |
| Mailing address | | | |
| City/Municipality | Province | Postal code | Phone number |
| The Appellant hereby authorizes the above named agent to act on the Appellant's behalf on matters pertaining to this Appeal. | | | |
| _____ | | _____ | |
| Signature of Appellant | | Date | |

By checking this box the Appellant or, if the Appellant is represented by an Agent, the Agent would like to receive all correspondence including the Appeal hearing notice and decision via the following e-mail address and understands no paper copies will be sent.

Email address: _____

| Decision Information | |
|------------------------------------|--|
| Date of Decision _____ Date | Decision Attached <input type="checkbox"/> yes |

Appeal against (Check one box only)

| |
|---|
| <p>Applicable Bylaw as indicated on the Order:</p> <p><input type="checkbox"/> 30-2016* Vehicle for Hire</p> <p><input type="checkbox"/> Other: _____</p> <p><small>*As amended or repealed and replaced from time to time</small></p> |
|---|

Reasons for appeal (Attach a separate page if required)

Collection and use of personal information

Personal information is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used to manage and administer the General Appeals and Review Committee process. Information provided in your submission may be made available to the public. If you have questions regarding the collection, use or disclosure of this information contact the Coordinator, Secretariat Services at 780-464-8140.

| | | | | |
|---------------------------------------|---|------|----|----|
| Signature of Appellant / Agent | Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">YYYY</td> <td style="width: 33%; border-bottom: 1px solid black;">MM</td> <td style="width: 33%; border-bottom: 1px solid black;">DD</td> </tr> </table> | YYYY | MM | DD |
| YYYY | MM | DD | | |

| Office use only | | | |
|------------------------|---|----------------------------------|--------------------------------|
| GAARC appeal number | Appeal fee paid <input type="checkbox"/> Yes <input type="checkbox"/> No | Hearing date YYYY MM DD | Date Notice of Appeal Received |

NOTICE OF APPEAL SUBMISSION INFORMATION

To file a Notice of Appeal your completed Notice of Appeal and the \$150.00 filing fee must both be received by the General Appeals and Review Committee no later than the final date for appeal as specified in the applicable Strathcona County Bylaw.

FILING INFORMATION

The Notice of Appeal may be submitted as follows:

| MAIL TO: | DELIVER TO: | EMAIL TO: |
|---|---|-----------------------------------|
| General Appeals and Review Committee 2001 Sherwood Drive Sherwood Park, Alberta T8A 3W7 | General Appeals and Review Committee 3 rd Floor, East Tower, Community Centre 401 Festival Lane, Sherwood Park | boardsandcommittees@strathcona.ca |

METHOD OF PAYMENT

Payment of the filing fee may be made in person at the General Appeals and Review Committee office by cash, cheque, debit, Visa or Mastercard. Payment may also be made by mail by cheque payable to Strathcona County. Payment may be made by phone by Visa or Mastercard.

FURTHER INFORMATION

If you require further information regarding an appeal or General Appeals and Review Committee procedures, please contact the Coordinator, Secretariat Services, Legislative and Legal Services, Strathcona County at 780-464-8140.