

## NOTICE OF APPEAL FORM

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### 1. APPELLANT

**Name:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

**Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

**Telephone:**

\_\_\_\_\_  
Home

\_\_\_\_\_  
work

**Messages:**

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
fax

### 2. REPRESENTATION

I will represent myself; or

I have a representative. I appoint and authorize  
\_\_\_\_\_ as my representative to act on  
my behalf in this appeal whose contact information follows:

**Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

**Telephone:**

\_\_\_\_\_  
Home

\_\_\_\_\_  
work

**Messages:**

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Signature of person who is appointing  
the representative

\_\_\_\_\_  
Date

**3. WHAT ARE YOU APPEALING?**

**Yes**       **No**

Date of APS decision \_\_\_\_\_

Copy of APS decision attached? \_\_\_\_\_

<b>Issue #1 (The issue must be identified in the APS decision. State the issue, why you are appealing it, what facts support your argument and what you want the Board to do.)</b>	
	<b>Page # of APS decision relating to this issue.</b>
	_____

<b>Issue #2 (The issue must be identified in the APS decision. State the issue, why you are appealing it, what facts support your argument and what you want the Board to do.)</b>	
	<b>Page # of APS decision relating to this issue.</b>
	_____

**If there are more issues please use an additional page.**

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**4. ADD ANY ADDITIONAL COMMENTS HERE:**

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**5. HEARING**

I will be attending the hearing in person  **Yes**  **No**

If not, select one:

- I am requesting to attend the hearing by phone or other electronic communications.

OR

- I am requesting that the Board conducts a Documentary Hearing. If the Board agrees, I understand my appeal will be reviewed by the Board based solely on the written submissions received from myself and APS.

**6. SIGN**

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**Signature**

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**Date**

**7. FILE APPEAL**

Fax (780) 427-5030, email to [Roni.DeBock@lapp.ca](mailto:Roni.DeBock@lapp.ca) or mail to:

LAPP Board of Trustees  
P.O. Box 1315  
Edmonton AB T5J 2M8

You will receive a letter from the Board Secretary within two weeks after you file your appeal, acknowledging receipt and advising of next steps. Contact the Board Secretary (780-427-5126) if you do not receive an acknowledgement.