



Forest Appeals Commission

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Notice of Appeal

To ensure your appeal is properly filed, please sign and complete all sections of this form and submit it to the Forest Appeals Commission (FAC) via mail or email. Appeals must generally be filed within 30 days, other than appeals filed by the Forest Practices Board, which must be filed within 60 days. If you need more time to file your appeal, you may request additional time by completing Section 5 of this form.

Section 1: Appellant Information

Last Name (if Individual is appealing)		Organization Name (if Organization is appealing)			
First Name (if Individual is appealing)		Pronouns (for Individuals) <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Their <input type="checkbox"/> Sir/Hir <input type="checkbox"/> Zie/Zir			
Address		City	Prov.	Postal Code	
Email		Telephone			
<input type="checkbox"/> I wish to self-identify as Indigenous. ¹					

Section 2: Representative Information

Last Name		First Name			
Pronouns <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Their <input type="checkbox"/> Sir/Hir <input type="checkbox"/> Zie/Zir					
Organization (if applicable)					
Address		City	Prov.	Postal Code	
Email		Telephone			
<input type="checkbox"/> I wish to self-identify as Indigenous. ¹					

NOTE: The email(s) and/or address(s) above are the presumed addresses for the delivery of documents from the FAC and other parties, unless you specify otherwise (on a separate page).

1: Indigenous, here, means one of Inuit, Métis, First Nation, status or non-status identity or ancestry, or representing a group that is or primarily represents or serves indigenous communities (tribes, bands, treaty offices, friendship centres, etc). Where someone self-identifies, the information is shared with all parties and representatives in the appeal, and the FAC will work to respect cultural needs and ensure fair processes. Parties or representatives may also self-identify privately. In that case, the information is kept private and used only for larger (non-individually identifying) statistical analyses, to guard against any institutional biases and identify any access to justice concerns.

Section 5: Extensions of Time

I need an extension of time to file this appeal

I need an extension of the deadline to file this appeal because:

The special circumstances that relate to my request are:

Section 6: Special Handling

I need to be contacted promptly to discuss special handling of my appeal (for example, a stay decision to temporarily stop the decision while the appeal is underway).

Section 7: Authorization

By signing below or checking the provided box, I confirm the information I have provided is, to the best of my knowledge, accurate and complete. I also understand that:

- I (or my representative) must be available to respond to questions from the FAC during the life of my appeal, and I (or my representative) must advise the FAC, as soon as possible, of any changes to my (or my representative's) address or contact information, or the delivery address; and
- my appeal can be dismissed if I fail to respond to questions or directions from the FAC within a reasonable timeframe, as determined by the FAC and as set out in its Rules.

Signature

Date

I am checking this box in place of signing this form. This amounts to a legal signature and confirms my acknowledgement and agreement with the requirements outlined in this Section.