



Energy Resource Appeal Tribunal

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Notice of Appeal (Land Owners)

This form is for land owners wishing to file appeals under section 72(2) of the *Energy Resource Activities Act*. To do so, please sign and complete this form, as required under section 22 of the *Administrative Tribunals Act* and the Energy Resource Appeal Tribunal (ERAT)'s Rules. Land Owners generally have 15 days to file appeals, but you may request additional time by completing Section 5 of this form. Submit the form to ERAT via mail or email. If you have any questions about information collected here, please email info@bcerat.ca. Your inquiry will be routed appropriately.

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 ERAT 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 ERAT 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 3: Decision Under Appeal

| | |
|---|---------------------------------|
| Date the decision was issued | BC Energy Regulator File Number |
| <input type="checkbox"/> I confirm I have included a copy of the decision I wish to appeal or, if not, I have included an explanation why I have not done so. | |

Section 4: Reason for the Appeal (attach more pages if needed)

| |
|---|
| Section 72(2) of the <i>Energy Resource Activities Act</i> states that a land owner can appeal a determination from the BC Energy Regulator under this section only on the basis that the determination was made without due regard to: <ul style="list-style-type: none">• a submission the land owner previously made under section 22(5) or 31(2) of the <i>Energy Resource Activities Act</i>, or• a written report submitted under section 24(1)(c) or 31(6). |
| The decision-maker failed to properly consider the following from my submission or the written report: |
| The result of the decision-maker's failure described above was: |
| My desired outcome is: |

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, or there are disabilities that require accommodation).

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 ERAT, and I (or my representative) must advise ERAT, 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 ERAT within a reasonable timeframe, as determined by ERAT 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.

