

FORM 1
[Subsection 11(2)]
Notice of Appeal

TO: _____
(name of local authority or the minister who delegated the power to issue the order, as the case may be)

1. I, _____, hereby appeal the
(person named in order)
order made by the _____ on the _____ day of _____, _____,
(person who made the order) (month) (year)
which I received on the _____ day of _____, _____.
(month) (year)

A copy of the order is attached to this Notice of Appeal.

2. I appeal the above-noted order on the following grounds:
(Here briefly set out the reasons for your appeal, including the errors that you allege were made by the public health officer in issuing the order)

3. I request the following relief:
(Here briefly set out what action you are requesting the appeal board to take, for example: cancelling the order; amending the order in some fashion.)

4. My address for service of documents is:

(Here list your address and your telephone number.)

Dated this _____ day of _____, _____.