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**Administrative Decisions Review Act
Review Board Forms Regulation
Form RB-1**



Date received:

File no:

Application fee received

(for Review Officer use only)

I, _____ *(Name of Applicant)* hereby request the review of the following decision, or, request to challenge the validity of the following law: *(Describe decision to review or law you wish to challenge)*

APPLICANT'S CONTACT INFORMATION

Full legal name:	
Citizenship No.:	
Phone #s:	
Address for delivery:	
Email Address:	

The date on which I was notified of the decision, the date I became aware of the effect of impugned law on my interest(s) or the date which the impugned law came into force was: _____

The basis for the review request is:

[Attachments must be in Forms: RB-2 Additional Information, RB-3 Schedule(s), RB-4 Affidavit(s)]

I acknowledge that this review request is subject to the requirements of the Administrative Decisions Review Act, and that acceptance for filing is not indication that the requirements have been met.

Signature: _____

Date: _____