



Notice of Appeal Form

DATE OF SUBMISSION (yyyy-mm-dd)

APPELLANT

| | | | | |
|----------------------|----------------------|---------------------------------------------|----------------------|-------------|
| First Name | | Last Name | | |
| Address | | City | Province | Postal Code |
| Contact Phone (home) | Contact Phone (cell) | | Contact Phone (work) | |
| Email | | Appellant's age at the time of the incident | | |

REPRESENTATIVE OF THE APPELLANT (if applicable) (Note: An adult representative is mandatory for any Appellant who is a minor in BC)

| | | | | |
|----------------------|----------------------|-----------|----------------------|-------------|
| First Name | | Last Name | | |
| Address | | City | Province | Postal Code |
| Contact Phone (home) | Contact Phone (cell) | | Contact Phone (work) | |
| Email | | | | |

DECISION

What decision do you wish to appeal?

Why do you think the decision is wrong or unfair?

When was that decision rendered? (yyyy-mm-dd)

SIGNATURE

FOR SWIM BC USE ONLY

Date Received
