Alberta Health and Wellness

Public Health Appeal Board

Notice of Appeal

Public Health Act (Section 5)

To: The Public Health Appeal Board
24th Floor Telus Plaza North Tower
10025 Jasper Avenue NW
Edmonton AB T5J 1S6

Phone: (780) 427 2813
Fax: (780) 422 0914

and

To: _____
(name of regional health authority)

_____
(address)

TAKE NOTICE THAT

I, _____ , of
(name)

_____
(address)

_____ Phone _____

having been directly affected by a decision of a regional health authority and considering myself aggrieved by the decision, hereby appeal to the Public Health Appeal Board the decision of:

_____ dated _____ , 20_____ ;
(name of regional health authority)

AND the grounds upon which I appeal this decision are as follows:

(attach additional sheet if necessary)

Signature _____

Dated at _____ , Alberta, this _____ day of _____ , 20 _____

For information only:

1. In accordance with section 5 of the Public Health Act, an appeal to the Public Health Appeal Board may be commenced by serving a Notice of Appeal on
   (a) the Public Health Appeal Board, AND
   (b) the regional health authority
   (within 10 days of receiving notice of the decision complained of).
2. The Notice of Appeal is sufficiently served if it is left at an office of the Public Health Appeal Board or the regional health authority.

Please attach documents or copies pertinent to this appeal.

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Regional Health Authority

Alberta Health and Wellness

Public Health Appeal Board

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Appellant