

## **Notice of Appeal**Public Health Act (Section 5)

To: The Public Health Appeal Board 23 <sup>rd</sup> Floor Telus Plaza North Tower 10025 Jasper Avenue NW Edmonton AB T5J 1S6	and To:	(name	(name of regional health authority)		
Phone: (780) 427-2813 Fax: (780) 422-0914		(address)			
TAKE NOTICE THAT					
l,	(nam	e)			, of
	(addre	ess)			
having been directly affected by a decision of a reg appeal to the Public Health Appeal Board the decis	ional health auth				
(name of regional health authority		dated		, 20	;
(name of regional health authority)	)				
AND the grounds upon which I appeal this de	ecision are as f	ollows:			
(atta	ch additional sh	neet if necessary	)		
Signature					
Dated at	, Alber	ta, this	day of	, 20	
For information only:  1. In accordance with section 5 of the Public Health serving a Notice of Appeal on  (a) the Public Health Appeal Board, AND  (b) the regional health authority	th Act, an appeal	to the Public Hea	lth Appeal Board ı	may be commenced by	у
(within 10 days of receiving notice of the dec	-	•	Anneal Roard or the	a regional health autho	rity

Please attach documents or copies pertinent to this appeal.



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TAKE NOTICE THAT						
l,		(name)				
		address)				
having been directly affected by a decision of a recappeal to the Public Health Appeal Board the deci	gional health			ed by the decision, hereby		
		dated		, 20		
(name of regional health authority	/)					
AND the grounds upon which I appeal this d	ecision are	as follows:				
(att	ach addition	al sheet if neces	sary)			
Signature						
Dated at For information only:	, , <i>F</i>	Alberta, this	day of	, 20		
In accordance with section 5 of the Public Hea 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 deceived in the section of			Health Appeal Board r	nay be commenced by		

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Phone: (780) 427-2813 Fax: (780) 422-0914	Phone: (780) 427-2813			(address)			
TAKE NOTICE THAT							
Ι,		(name				, of	
		(addres	ss)				
having been directly affected by a decision of a reg appeal to the Public Health Appeal Board the decis	ional heal			Phonesidering myself aggrieved b			
			dated	I	, 20	·;	
(name of regional health authority)	)						
AND the grounds upon which I appeal this de	ecision a	re as fo	llows:				
(atta	ch additi	onal sh	eet if neces	sary)			
Signature							
Dated at		, Alberta	a, this	day of	, 20		
For information only:  1. In accordance with section 5 of the Public Healt 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 decided)  2. The Notice of Appeal is sufficiently served if it is let	ision con	nplaine	d of).				

Please attach documents or copies pertinent to this appeal.