

## APPLICATION FOR REVIEW OF THE DECISION OR ORDER OF AN ARBITRATOR

**NOTE:** This information is collected under the *Westbank First Nation Residential Premises Law 2008-03* (the "Law"). Information collected on this form may be disclosed to the public in accordance with the *Access to Information Act* or through publication of arbitrators' review decisions. The information provided will be used to process your application for the review of the decision or order of an arbitrator. If you have any questions about the collection and use of this information, please contact the Administrator, #301 – 515 Highway 97 S., Kelowna, BC V1Z 3J2 or phone (250) 769-4999

(PLEASE PRINT CLEARLY AND LEGIBLY)

**A. Applicant: (person asking for the review):** check one box **Tenant** **Landlord**

Full Name of Applicant(s):	Business Phone:	Home Phone:	Fax:
Address: (suite or pad, number, street, city, province, postal code)			
Email address of the applicant:			

\*Please note that the Law allows, but does not require you to be represented by a lawyer or agent.

**B. Respondent (other party to the arbitration):** check one box **Tenant** **Landlord**

Full Name of Respondent(s):	Business Phone:	Home Phone:	Fax:
Address: (suite or pad, number, street, city, province, postal code)			
Email address of the respondent:			

**C. Decision or order to be reviewed:**

**Please complete one Application form for each arbitrator's decision you wish to have reviewed and attach a copy of each.**

File No. (see decision letter):	Section No. original decision made under (see decision letter):
Date of decision or order:	Date you received the decision or order:
Address under dispute: (suite or pad, number, street, city, province, postal code)	

**D. Request for extension of time to apply for review:**

<p>If you are submitting this application late, the arbitrator will decide whether the time limit for application will be extended. You must explain the reasons that your application is late in the section provided on page 2. See section 66 of the Law.</p>
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FILE NO. _____
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**D. Request for extension of time to apply to review: (Continued from Page 1)**

*If you are filing this application beyond the time allowed, you must provide the following information:*

I am requesting an extension of time to make this application:

1. List the reason(s) you were unable to apply for review within the required time frame.

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2. How many days have passed since you received a copy of the arbitrator's order? \_\_\_\_\_

3. You must attach legible copies of the originals of any documents you have which will help to prove the accuracy of what you listed as your reason(s) for being unable to apply for review on time.

**E. Reason for requesting a review:**

*You must have at least one of the following reasons to have the original decision reviewed (see section 66 of the Law). Please check off the reason(s) that you are requesting a review, and answer all of the relevant questions listed below that reason. PROVIDE ADDITIONAL INFORMATION OR ARGUMENTS ON PAGE 3 OR SEPARATE SHEET(S) IF NECESSARY.*

1. I was not able to attend the original hearing due to circumstances that could not be anticipated and that were beyond my control:

- (a) List the reason(s) for being unable to attend:

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- (b) Explain why the circumstance(s) could not be anticipated and were beyond your control. Give details including dates, times and events that occurred, where applicable.

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- (c) Indicate what evidence you would have presented had you attended the hearing.

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Attach evidence supporting the reasons and/or circumstances listed above: e.g. medical report from doctor; invoice from towing company for disabled vehicle.

**Reasons for review: (Continued from Page 2)**

2. I have new and relevant evidence that was not available at the time of the original hearing.

(a) List each piece of new and relevant evidence which was not available at the time of the original hearing.

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For each piece of evidence listed, state in what way it is relevant to the application. Give details.

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For each piece of evidence listed, state in what way the decision and/or order of the arbitrator would have been different had the evidence been available and introduced at the hearing.

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(b) For each piece of evidence listed, separately state why it was not available at the time of the hearing. Give details including dates and times where applicable.

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Attach evidence which shows that the evidence is new and was unavailable at the time of the hearing. e.g. a letter from a municipality saying that a particular required report was not yet produced at the time of the hearing.

3. The arbitrator's decision or order was obtained by fraud.

(a) Describe or list the evidence which is considered to be fraudulent

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(b) Indicate the nature of the fraud for each item of evidence listed.

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(c) Indicate, for each item of evidence listed, who committed the fraud.

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(d) Indicate for each item of evidence listed, how the decision and/or order of the arbitrator would have been different had the fraudulent evidence not been considered in making his or her decision.

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Attach evidence supporting that the evidence listed is fraudulent.

**F. Form and manner of application:**

- All written evidence to support your application must be attached to this form, **including a copy of the decision(s) and/or order(s) being reviewed.**
- The Administrator, or Administrator's representative, may **refuse** to accept an application that is not properly completed.
- The fee for this application is \$150.00 and must be paid in cash, or by certified cheque or money order, payable to the Westbank First Nation at the time the application is presented for filing. This application will not be processed until the filing fee has been paid.
- If an application for review is accepted, the Administrator will assign an arbitrator pursuant to section 66 to determine, based on the contents of the review application, whether to conduct a review.
- The Arbitrator **may dismiss or refuse to consider** this application **if full details or sufficient grounds are not given.**

**G. Signature** *(required to commence review)*

I, the Applicant/Agent for the Applicant, apply to the Administrator for a review of this decision and/or order of an arbitrator. I/we have read this application in full. The information provided is true and correct to the best of my/our knowledge.

Print name:

Signature

Date: (mmm/dd/yyyy)