



Nisga'a Lisims Government

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NISGAANATION.CA

Request for Administrative Review

Protected (when completed)
To be handled by authorized personnel only.

Administering Authority:

1. Decision to be reviewed – Administering Authority to complete this section:

| | |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Applicant's/Recipient's Name: | Date that the Applicant/Recipient was notified of the decision (year/month/date): |
| Date Applicant/Recipient contacted for Administrative Review: | |

Statement of decision - Including the relevant section of policy:
for disabilities, Designation (DBLI) or (DBLII) quoting the reason(s) to deny from the decision letter

Large empty text area for the statement of decision.

Signature of Administering Authority

Date:

Date Client contacted Administering Authority to request an Administrative Review:

2. Request for Administrative Review and Reasons for Request – Applicant or recipient to complete this section

*Note to Applicant/Recipient: You must complete this section and submit the completed form to your worker within **10 business days** from the date of notification of the decision if you wish to request for an Administrative Review. You may also attach new information and documents that you wish to have considered with this request.*

I am dissatisfied with the above decision and wish to request an administrative review of the decision for the following reasons:

I have attached new documents I wish to have considered Yes No

| | |
|-----------------------------------------|-----------------------|
| Signature of Applicant/Recipient | Date: |
| Address: | Telephone No.: |

Within 10 business days following receipt of a request for a review, the Senior Administrator of the Village Government, shall conduct a review.

NSD-09 Distribution: Original Copy > Client Copy > Client File

