

## Description

Please fill out and submit this form if you wish to appeal a Weed Control Act Notice.

## Payment and Submission Requirements

Your notice of appeal must be accompanied by:

- The \$500.00 appeal filing fee and
- A copy of the Notice being appealed that was issued under the Weed Control Act.

Appeals must be filed within the time specified in the notice or within ten (10) days, whichever is less. For more information, consult the Notice issued under the Weed Control Act or contact the General Appeal Board Clerk.

## Submission Information

**Please Note:** Appeals cannot be filed by email or fax. The Weed Control Act requires the notice of appeal and accompanying materials to be delivered personally or sent by certified registered mail.

Mail To: (must be certified registered mail)	Deliver To:
The City of Grande Prairie Legislative Services Appeal Clerk P.O. Bag 4000 Grande Prairie, AB Canada T8V 6V3	Grande Prairie City Hall Legislative Services Appeal Clerk 10205 98 Street Grande Prairie, AB T8V 2E7

If you require further information regarding appeal deadlines and procedures, please check the website at [cityofgp.com/appeals](http://cityofgp.com/appeals) or contact the General Appeal Board Clerk at 780-357-4954 or [appeals@cityofgp.com](mailto:appeals@cityofgp.com).

## FOIP Act Policy

This personal information is collected under the authority of the Freedom of Information and Protection of Privacy Act, section 33(a) and (c). This information will be used for processing your appeal and will become part of a public agenda. If you have any questions regarding the collection of this information, contact the General Appeal Board Clerk at 780-357-4954 or [appeals@cityofgp.com](mailto:appeals@cityofgp.com).

### Section 1: Appellant Information

Name of Appellant:			
Address:		City:	
Province:		Postal Code:	
Email:		Phone Number:	

### Section 2: Agent Information (if applicable)

Name of Agent:			
Address:		City:	
Province:		Postal Code:	
Email:		Phone Number:	

### Section 3: Appeal Information

Legal Description of the Land Affected:			
Date of the Decision Being Appealed: (YYYY-MM-DD)			

### Section 4: Ground for Appeal

Please state and explain your grounds for appeal. A copy of this notice will be provided to Board members, to the City Administration and become part of the public agenda. Please provide as much detail as possible. Attach a separate page if required.

Signature of the Appellant / Agent:		Date: (YYYY-MM-DD)	
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### Office Use Only

Final Date of Appeal:		Date Received:		Fee Paid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appeal Number:		Hearing Date:				