

**KA:'YU:'K'T'H'/CHE:K'TLES7ET'H'
FIRST NATIONS**

**Administrative Decisions Review Act
Review Board Forms Regulation
Form RB-2**

ADDITIONAL INFORMATION



Date received:

File no:

(for Clerk use only)

I, _____ (*Name of Applicant*) submit the following additional information to my
Review Request dated _____.

[In accordance with section 4.2 of the regulation, this form must be a maximum of four pages long, and an item must not be split between pages]

Signature: _____

Date: _____

Signature: _____

Date: _____

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