## Registrar Review Request Form



To be valid, the Registrar must receive the request by email or fax, or the envelope must be postmarked no later than 30 days following your receipt of the decision being reviewed.

The information on this form is collected under the authority of the *Homeowner Protection Act* and will only be used for the purpose of processing your request. If you have any questions about the collection, use, and disclosure of this information, contact our office by phone at (604)646-7050 or toll-free at 1-800-407-7757.

A. REQUESTOR INFORMATION	For office use
Requestor Name:	Date Received:
Driver's Licence Number:	Date of Post Mark:
Address:	
City/Town: Province: Postal Code:	LIMS file:
Telephone: Home: ( ) Work: ( )	
Email: Fax: ( )	
Preferred method of correspondence:	
B. TYPE OF DECISION	
Indicate the type of decision for which you are requesting a review:	
$\square$ Suspension or Cancellation of Owner $\square$ Denial of Owner Builder Authorization $\square$ Mo	mpliance Order onetary Penalty her
A copy of the decision being reviewed must be attached.	
C. REASON FOR REQUEST (If more space is needed, please attach a separate sheet.)	
Request: (Please provide details. What are you asking for?)	
Reason/s for request: (Please describe the reason(s) for your request as well as why you think the decision supporting documentation that you would like the Registrar to consider)	on should be changed and include
Signature: Date:	

Please submit to the attention of the Registrar of BC Housing.

Telephone: 604 646 7050 Facsimile: 604 646 7051 Toll-free: 1800 407 7757 Website: www.bchousing.org Email: licensinginfo@bchousing.org