

Appeal procedure

This Notice of Appeal for must be used to appeal a decision regarding the adjustment of losses under the *Crop and Livestock Insurance Act*.

Complete all sections of this form and submit it to the Administrator. This Notice must be received by the Administrator within 30 business days following the notice of adjustment subject to this Application.

Applicant Information

Last Name: _____ First Name: _____

Address: _____

City/Town/Municipality: _____

Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Reasons for Appeal

Describe concisely, the reason(s) for your Appeal.

Remedy

Describe in detail the remedy or action that you want the Board to consider.

Acknowledgement

Read carefully then check each box to confirm your understanding of the statement.

- I understand that if I submit an incomplete form or do not provide the form within 60 business days of the loss adjustment, application may not be processed.
- I understand that if the Board accepts to hear my application that a hearing before the Board will take place within 30 business days of receipt of this Notice.

Name: _____

Signature: _____ Date: (dd/mm/yyyy) _____

All application information collected is subject to the Freedom of Information and Protection of Privacy Act (“FOIPOP”) and will only be used or disclosed in accordance with FOIPOP.

Completed Notices are to be submitted to:

Clerk – Agriculture Appeal & Review Board

Nova Scotia Department of Agriculture
Roger Bacon Building
60 Research Drive, Suite A,
Bible Hill, NS B6L 2R2

Telephone: 902-956-2707
Email: AARB@novascotia.ca