



**ESA Reviews and Appeals Office:**  
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<b>Office Use Form OR2/L2</b> Appeal No.: Date:
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## Notice of Appeal to Review Panel

IN THE MATTER OF APPEALS UNDER PART II & III of ONTARIO REGULATION 187/09 MADE UNDER THE SAFETY AND CONSUMER STATUTES ADMINISTRATION ACT, 1996.

Please complete all sections and deliver by email, fax or mail to the **Reviews and Appeals Office** at the above address.

<b>Appellant Information:</b> Please Type or Print Clearly			
Name: _____ (Family/Last Name(s)) (Middle Initial) (First Name(s))			
Company Name: _____ (If applicable)			
Address: _____ (Street, Suite No.) (City) (Province) (Postal Code)			
Phone Number: Work ( ) Home ( ) Cell ( )			
<b>Appellant's Position:</b> Please check here if you are attaching more pages <input type="checkbox"/>			
Please summarize your reasons for this appeal. It is important to be as specific as possible.			
I disagree with the decision of the Director of Reviews and Appeals and wish to appeal the decision to the Review Panel:			
Date of Director' Decision: _____ Case Number: _____ File Number: _____			
The item(s) of the Director's decision I wish to appeal is (are):			
1.			
Reason: _____			
2.			
Reason: _____			
3.			
Reason: _____			
<b>Representation:</b> If you will be represented by a lawyer or paralegal, please provide the following contact information for your representative. If your representative is completing this form, they must attach a written authorization, signed by you (the Appellant), authorizing the representative to represent you in this matter.			
Name: _____		Legal Firm/Company Name: _____	
Address: _____			
Phone Number: ( ) _____		Fax Number: ( ) _____	Email: _____

I am requesting an appeal before the Review Panel.

\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Date

**Important Notes:** To be accepted, your appeal materials must be delivered no later than **15 days** after the date of the Director of Reviews and Appeals' decision that is being appealed. Your appeal materials must include the following information and documents: *(Please Check box when complete)*

- This Notice of Appeal form, with all sections complete and signed;
- A copy of the Director's Decision being appealed;
- A complete copy, including attachments, of the of the Appellant's Application for Director's Review or Application for Director's Hearing that led to the Director's decision being appealed;
- Your written submissions and all supporting documentation and;
- Payment of \$113 including HST (non-refundable filing fee) payable to the "Electrical Safety Authority".

**\*Please also complete Page 2**

Payment Method	
<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order
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Please inform the ESA Reviews and Appeals Office about any needs or barriers pursuant to the Human Rights Code of Ontario as soon as possible. For more information, please visit: <https://www.esasafe.com/about-esa/appeals/how-to-appeal/review-panel-appeals>.

*ESA is committed to maintaining the security and confidentiality of personal information in accordance with applicable privacy legislation and its Customer Privacy Policy. ESA also makes stipulated categories of information (not including personal information) available upon request as set out in its Access and Privacy Code. By submitting personal information to the ESA Reviews and Appeals Office, you are consenting to ESA collecting, using and disclosing your personal information for the purposes set out in the Customer Privacy Policy. You represent that you have all necessary authority and/or have obtained all necessary consents from any other individuals about whom you provide personal information to ESA in order to enable us to collect, use and disclose such personal information for the purpose described above. Copies of the Customer Privacy Policy and Access and Privacy Code are located on the ESA website at [www.esasafe.com](http://www.esasafe.com)*