



CITY OF SURREY – ELECTRICAL SECTION

Electrical Safety Manager Review Request

To be valid, the local safety manager must receive the request, or it must be postmarked (by Canada Post) no later than 30 days following your receipt of the decision being reviewed. All data entry must be legible. Incomplete or illegible forms will not be accepted.

A. REQUESTOR INFORMATION

| | | | |
|--|-----------|--------------------|--|
| Requestor Name: | | Date Received: | |
| Address: | | Date of Post Mark: | |
| City: | Province: | Postal Code: | |
| Telephone: | | Fax: | |
| Email: | | | |
| Indicate preferred method of receiving correspondence: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email | | | |

B. TYPE OF DECISION

Indicate the type of decision for which you are requesting a review:

Certificate of Inspection Compliance Order Revoke or Suspend Permit

Other _____

(Provide explanation of other decision)

A copy of the decision that is being reviewed must be attached.

| | |
|--|-------------------------|
| Name of the Safety Officer that issued the decision: | Date decision was made: |
|--|-------------------------|

C. REASON FOR REQUEST (If more space is needed, please attach a separate sheet including any documentation that will support your request.)

Request: (provide details)

Reason(s) for request:

Codes, Standards or other resources supporting request:

Note: Where the request for review is from another person other than the one that was served the decision, a detailed explanation of how the decision has adversely impacted the requestor must be included above.

Signature: _____ Date: _____