



Reviews and Appeals Office:
 155A Matheson Blvd W.
 Mississauga, Ontario L5R 3L5
 Tel: 905-712-5673
 Fax: 905-712-7865
 Email: ESA.Appeals@electricalsafety.on.ca

Office Use: Form OR1
Appeal No.:
Date:

Request for Review, Appeal of ESA Order

IN THE MATTER OF ORDERS ISSUED BY THE ELECTRICAL SAFETY AUTHORITY UNDER S. 113(11) OF THE ELECTRICITY ACT, 1998

Please complete all sections and submit via fax, email or regular mail to the **Reviews and Appeals Office**

Applicant Information: Please Type or Print clearly.			
Name: _____ <small>(Family/Last Name(s)) (Middle Initial) (First Name(s))</small>			
Company Name: _____ <small>(If applicable)</small>			
Address: _____ <small>(Street) (City) (Province) (Postal Code)</small>			
Phone Number: Work ()		Home () Cell ()	
Fax Number: Fax ()		Email:	
Applicant's Position: Please check here if additional summary pages are attached <input type="checkbox"/>			
Please summarize your reasons for this appeal. It is important to be as specific as possible. The Request for Review should be accompanied by a written submission as to the reason(s) you disagree with the Order.			
I/we disagree with the Order (attach Order being appealed) _____ <small>(Type of Order) (Notification Number)</small>			
The item(s) of the Order I/we wish to appeal is (are):			
1.			
Reason:			
2.			
Reason:			
3.			
Reason:			
Representation: If you will be represented by a lawyer/agent, please provide the following contact information for the lawyer/agent. If your lawyer/agent is completing this form, the agent must attach a written authorization, signed by you (the Applicant), authorizing the lawyer/agent to represent you in this matter.			
Name:		Legal Firm/Company Name:	
Address:			
Phone Number: ()		Fax Number: () Email:	

I/we hereby request a Director's Review of the above-noted Order

 Signature of Applicant

 Date

Important Notes: To be accepted, this Request for Review must be submitted within **15 days** of the issuance of the specified Order or the succeeding **15 days** of the non-issuance of an Order and must include the following information: (Please Check box when complete)

- This form, with all sections complete and signed;
- A copy of the Order or Request for an Order to be reviewed; and
- Your written submissions and all supporting documentation.

BY SUBMITTING PERSONAL INFORMATION TO THE ELECTRICAL SAFETY AUTHORITY, OR ITS AGENTS AND SERVICE PROVIDERS, YOU AGREE THAT ESA MAY COLLECT, USE AND DISCLOSE SUCH PERSONAL INFORMATION IN ACCORDANCE WITH ITS PRIVACY POLICY, APPLICABLE LAWS OR PURSUANT TO OUR ADMINISTRATIVE AGREEMENT WITH THE PROVINCE OF ONTARIO. If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com.