



Request for Review – Arbitration

- 1) The Claimant(s) identified below confirm(s) that he/she/they are not in agreement with the recently rendered Claim Decision of the Property Value Protection Program with respect to the following property:

(Insert full municipal address of property on which the subject claim has been filed)

- 2) The Claimant(s) confirm(s) that he/she/they wish to proceed to arbitration for a review of the Claim Decision in order to determine that the claim examiner: a) Failed to Apply the Rules; b) Failed to make a reasonable determination. Please provide details of the basis of appeal:

- 3) The Claimant(s) request(s) that an arbitrator be appointed.
- 4) The Claimant(s) acknowledge(s) payment in the amount of \$2,000 by certified cheque to Canadian Nuclear Laboratories accompanies this request. The Claimant(s) understand(s) that if the Request for Review is deemed reasonable by the Arbitrator, the funds will be returned.

Claimant Information

Name of Claimant (Print)	Signature of Claimant	Date
Name of Claimant (Print)	Signature of Claimant	Date
Mailing Address of Claimant		Telephone
City and Province		Postal Code
Use Claimant's address as primary mailing address:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address of Claimant		

Information of Claimants' Representative (if applicable)

Name of Claimants' Representative (Print)	Signature of Claimants' Representative	Date
Mailing Address of Claimants' Representative		Telephone
City and Province		Postal Code
Use Representative's address as primary mailing address:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address of Claimants' Representative		

This Request for Review (Arbitration) must be returned to the PVP Program Office within 20 days from the date the claim decision was mailed or 10 days from the date of the Mediators Report, if mediation occurred.