

Request for Reconsideration

- 1) The Claimant(s) identified below confirm(s) that he/she/they are not in agreement with the recently rendered Claim Decision under the Simplified Route 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 request reconsideration 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 the request:

- 3) The Claimant(s) will have the right to make a Request for Reconsideration of the claim decision by the PHAI. The request must be in writing and specifically identify what points in the claim decision are to be reconsidered.

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 Reconsideration must be returned to the PHAI within 20 days from the date the claim decision was mailed.

The PVP Program will consider the request and issue a final written response that is not subject to further reconsideration or review. The PHAI will make reasonable efforts to have the final response issued within 30 days of the request.