



Appraisal Institute
of Canada

Institut canadien
des évaluateurs

APPLICATION FOR APPEAL

Applicant Information	
Name:	Designation:
Address:	City:
Prov:	Postal Code:
Work tel.:	Home tel.:
Work fax:	
Email:	
Mailing address: (if different from above)	
Address:	City:
Prov:	Postal Code:
Tel:	Fax:
Email:	

If you will have an agent representing you at an Appeal Hearing, please fill out the information below.

Representative Information	
Name:	
Address:	City:
Prov:	Postal Code:
Tel:	Fax:
Email:	

