



Government of
Northwest Territories

INCOME SECURITY PROGRAMS FORM O – APPLICATION TO APPEAL

Une version française de ce document est disponible.

Case Number:

Appellant Information

Last Name:		First Name:	
Telephone:		Email:	
Current Mailing Address:			
Community:		Postal Code:	

Appellant Letter of Appeal

<p>To: Education, Culture and Employment Government of Northwest Territories PO Box 4215, Hay River, NT X0E 1G5 Phone: 1-867-874-2359/1-855-546-1232 (toll free) Fax: 1-867-874-2361 Email: Appeals_Office@gov.nt.ca</p>	<p>This is to notify you of my intention to appeal a decision made by the Client Navigator regarding my application for Income Assistance on:</p> <p>Date (YYYY/MM/DD):</p>
<p>I am appealing this decision to the: <input type="checkbox"/> Committee <input type="checkbox"/> Board</p>	
<p>I am appealing this decision for the following reasons (attach additional sheets if necessary):</p>	
<p>I would like the Social Assistance Appeal Committee/Board to:</p>	

Appellant Signature

 _____ (YYYY/MM/DD)

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