

Britannia Glen Co-op Request for Review Form

Date: _____

Name of appellant: _____

Address of Appellant: _____

Appellant's Phone #: _____

Date appellant letter was received: _____

Decision being appealed:

- Denied request for internal transfer including request for additional bedroom
- Refused to offer a unit
- Denied request to add an additional member to the household
- Denied request for a parking space
- Denied request for a long term guest
- Refused transfer
- Other _____

Reasons for the initial staff decision

What options have already been discussed with the appellant?

Is there other information the committee may benefit from to make a decision?

This form prepared by

Name: _____