Last Name

Horse Racing Appeal Panel

Hearings:

Mailing and Service Address: 90 Sheppard Avenue East, Suite 300 10 Carlson Court, Suite 400 Toronto ON M9W 6L2 Toronto ON M2N 0A4

Notice of Appeal

Middle Name(s)

Tel: 416 326-8700 Toll free in Ontario: 1 800 522-2876 Fax: 647 723-2198

INSTRUCTIONS AND IMPORTANT INFORMATION

- All sections of this form must be completed and submitted along with any additional information and/ or documents attached as required within 15 days from the date of the order, decision or ruling which is being appealed.
- If you have it, attach a copy of the order, decision or ruling that you wish to appeal.
- If this form is incomplete and/or documents are missing, your request for an appeal may be delayed.
- All parties have the right to representation. If you have a representative, have your representative complete the 'Declaration of Representative' form and attach it to this form.
- If you wish to bring forward a motion to request an order of the Horse Racing Appeal Panel (HRAP) granting a stay of the order, decision or ruling you are appealing until such time that your appeal is heard, complete Section B of this form.
- If you wish for your matter to be heard in French, please complete the French Notice of Appeal. (Pour obtenir une audience en français, veuillez remplir la formule Avis d'appel.)

First Name

SECTION A: NOTICE OF APPEAL **Appellant Information**

AGCO Licence Catego	-											
(e.g. Owner / Driver / T	raine	r)										
AGCO Licence Number												
Address Information (Current Residence)												
Street Number		Street Name						Street Type [Direction	Suite/Floor/Apt.	
Lot/Concession/Rural R	oute	City/	Town/N	Municipali	ty	Prov	ince/State	Country		Postal Code/Zip Code		
Telephone Number (Ho	me)	Telep	hone I	Number (Cell)	Telep	hone Num	_ nber (Work)		Fax Number		
() -	•	()	-		() -	Ext	t.	()	-	
Email Address Preferred method of communication with HRAP (cho all that apply) Email Phone Mail												
Ruling Number(s) under Appeal												
Reasons you are making this appeal (In this section, briefly state the reasons you disagree with the attached order, decision or ruling. If you agree with some parts of the order, decision or ruling please provide details).												

(Continue on separate sheet if necessary)

SECTION B: NOTICE FOR MOTION FOR A STAY I wish to bring forward a motion to request an order of the HRAP granting a stay of the order, decision or ruling I am appealing until such time that my appeal is heard: Yes No If yes, please complete sections 1 to 2 below: 1. Reasons you are bringing this motion: Describe in detail why you are bringing this motion and provide details explaining why you believe the HRAP should grant your request. (See HRAP Rule 3.6 for criteria that are considered by the Panel in determining whether or not to grant a stay.) (Continue on separate sheet, if necessary)

I have attached a copy of the order, decision or ruling this motion relates to and any previous stays granted by the Panel.

Acknowledgement

Read carefully then check each box to confirm the statement and sign and date the form.

2. Additional documents needed to consider your Notice of Motion:

I have completed all pages of this form and attached all the required documentation. I understand that if I submit an incomplete form or do not attach required documents, my motion may not be processed.

I have served a copy of this Notice of Appeal (and Notice of Motion, if applicable) and all additional attached documents to the Registrar of the Alcohol and Gaming Commission of Ontario.

Signature	Date		
	YYYY	MM	DD
		1 .	

The Horse Racing Appeal Panel collects the personal information requested on this form under the *Horse Racing Licence Act, 2015*. This information will be used to determine appeals under this Act. After an appeal is filed, all information may become available to the public. Any questions about this collection may be directed to the Horse Racing Appeal Panel at 416 326-8700 or toll-free at 1 800 522-2876.

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