

# Request for written reasons

of an Assessment Department decision

## When to use this form

If you were notified of an Assessment Department decision and would like written reasons for that decision, please complete this form and return it to: **WCB Assessment Department, PO Box 5350 Stn Terminal, Vancouver, BC V6B 5L5.**

Please note: Your request for written reasons does not constitute a review of the decision.

## Your contact information

|   |  |                |
|---|--|----------------|
| Business name   |  | Account number |
| <input type="checkbox"/> I am the registered employer<br><input type="checkbox"/> I am authorized to receive this information on behalf of the registered employer.<br>Basis for authority (ie. you are a consultant) _____<br>Is your authorization on file with the Board? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Under what name? _____ |  |                |
| Contact name  |  |                |
| Mailing address   |  | Postal code    |
| E-mail address  |  |                |
| Telephone number  |  | Fax number     |

## The decision

**I would like written reasons for the Assessment Department decision, as outlined below:**

Brief description of decision:

I was notified of this decision by (ie. letter, notice) \_\_\_\_\_ dated \_\_\_\_\_

The letter was signed by (if applicable): \_\_\_\_\_

## Additional information

**Is there additional information that might help us clarify the decision? If so, please provide:**

|                     |           |                          |
|---------------------|-----------|--------------------------|
| Name (please print) | Signature | Date signed (yyyy/mm/dd) |
|---------------------|-----------|--------------------------|