YUUŁUʔIŁʔATḤ FIRST NATION **Administrative Decisions Review Act** **Review Board Forms Regulation** **Form RB-2** **ADDITIONAL INFORMATION**	**Date received:** **File no:** *(for Review Officer use only)*

I, _____*(Name of Applicant)* submit the following additional information to my Review Request dated _____.

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[In accordance with section 4.2 of the regulation, this form must be a maximum of four pages long, and an item must not be split between pages]

Signature: _____ Date: _____

Form RB-2
Additional Pages

Signature: _____ Date: _____