

## **Horse Racing Appeal Panel**

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**Hearings Address:** 10 Carlson Court Suite 400 Toronto ON M9W 6L2

## **Declaration of** Representative

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<ul><li>In accordance</li><li>O self-represent</li></ul>	esented, o	or						•	HRAP) Rule ario (LSO) c			·		be:
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Representative:														
Last Name					First	t Nam	ne			Midd	lle Na	me(s)		
Company Name														
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Name of Party: (	First and	Last)												
In the appeal of (if applicable):	Order/De	cision	/Ruling	Numbe	r									

Order/Decision/Ruling Number **Date**:

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Ackr	owledgement:	
l decl	are that (check one):	
	I am licensed by the Law Society of Ontario (LSO) to provide legal services.	My LSO No. is

## OR

I am authorized to provide legal services under the Law Society Act (LSA).

If you do not qualify as a legal representative or under an exemption (i.e. licensed by the LSO or authorized to provide legal services under the LSA) or you are acting as an assistant, you are not required to complete and submit this form.

Print name (Representative)	Signature	Date		
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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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