

**SCHEDULE H**

**APPEAL FORM**

**Class Action**  
**UNION DES CONSOMMATEURS VS. THE CANADA REVENUE AGENCY (T- 1869-07)**  
**Computer Theft at the Agency's Tax Services Office in Laval, Quebec**

**Use this form if you wish to appeal the Claims Administrator's decision.**

**CLASS MEMBER IDENTIFICATION**

Surname: \_\_\_\_\_ Name: \_\_\_\_\_ Init. \_\_\_\_\_

Home Address: \_\_\_\_\_

Street No. Street Apt.

City (Municipality) Province Postal Code

Telephone:

--	--	--

Home

--	--	--

Work

Social Insurance Number:

--	--	--

Date of Birth:

--	--	--

Year Month Day

**INDICATE THE REASONS WHY YOU ARE APPEALING THE ADMINISTRATOR'S DECISION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Attach an additional page should you require more space.]

\_\_\_\_\_  
*Date of Signature*

\_\_\_\_\_  
*Signature*

This form must be postmarked **on or before** [indicate appeal deadline].  
Send this Appeal Form to the following address:

**APPEALS BRANCH**  
Director General's Office  
Albion Tower  
25 Nicholas Street  
Ottawa, Ontario  
Canada K1A 0L5