

FORM 1

NOTICE OF APPEAL

*Appeal against a requirement or decision of the Authority or Secretary under the
Water Pollution Control Ordinance*

To: The Chairman, Water Pollution Control Appeal Boards

1. Full name of Appellant: _____
2. Address of Appellant: _____
Telephone No. _____
3. (Address of Appellant or Representative for service of documents if different from the above address) _____
4. Details of notice appealed against:
Notice dated _____ 19 _____ Reference No. _____
(A copy of which is attached)
5. Address of the premises or place to which the notice refers: _____

6. Name and full address of the respondent as shown on the notice appealed against _____

Telephone No. _____
7. Particulars of the requirement or decision appealed against (set them out from the notice) _____

8. The grounds for this appeal are: (set them out in full)

Appellant.

Dated _____ 19 _____