

# Notice to Require Hearing Under Part VII of the Act - Form 5

## Mining Act

Personal information collected on this form is obtained under the authority of the *Mining Act*. This information will be used for the purpose of administering the Closure Plan requirements of the *Mining Act*. Questions concerning this collection should be directed to the Director of Mine Rehabilitation.

### Instructions

Please type or print and submit completed form to:

Director, Mine Rehabilitation  
Ministry of Northern Development and Mines  
933 Ramsey Lake Road, B6  
Sudbury ON P3E 6B5

**A cheque for \$51 made out to the Minister of Finance must accompany a submitted notice.**

### Proponent

|  |            |             |                           |             |                |
|--|------------|-------------|---------------------------|-------------|----------------|
| Last Name                              |            |             | First Name                |             | Middle Initial |
| Unit/Suite No.                         | Street No. | Street Name |                           |             | PO Box         |
| City/Town                              |            |             | Province                  | Postal Code |                |
| Telephone No. (incl. area code & ext.) |            |             | Fax No. (incl. area code) |             |                |

### Proponent's Lawyer or Agent (if any)

|  |            |             |                           |             |                |
|--|------------|-------------|---------------------------|-------------|----------------|
| Last Name                              |            |             | First Name                |             | Middle Initial |
| Unit/Suite No.                         | Street No. | Street Name |                           |             | PO Box         |
| City/Town                              |            |             | Province                  | Postal Code |                |
| Telephone No. (incl. area code & ext.) |            |             | Fax No. (incl. area code) |             |                |

Specify the matter being appealed:

Date of the notice, order or action of the Director of Mine Rehabilitation:

State briefly the reasons for the appeal:

|           |                   |
|-----------|-------------------|
| Signature | Date (yyyy/mm/dd) |
|-----------|-------------------|