

REQUEST FOR REVIEW

Application for review of a decision of the Indigenous Gaming Regulators Inc. (IGR) to refuse a licence, or to impose terms or conditions on a licence.

SASKATCHEWAN LIQUOR AND GAMING LICENSING COMMISSION
P.O. BOX 5054
8TH FLOOR – 2500 VICTORIA AVENUE
REGINA, SK S4P 3X2
FAX (306) 798-0653

REQUEST FOR REVIEW OF IGR DECISION

[Name of organization or individual]

requests a review of IGR's decision for the following reason(s):

- The applicant wishes to have an oral hearing before the Commission;
OR
 The applicant does not wish to have an oral hearing before the Commission but will provide written submissions.

Contact Person: _____

Address: _____

Telephone No.: [Res.] _____ [Bus.] _____

[Signature]

[Date]

FOR OFFICE USE ONLY

Date: _____

Forwarded: _____

Denied: _____