



PUBLIC REQUEST FOR INVESTIGATION FORM OGC.ExternalNotifications@bcogc.ca Physical Address: 6534 Airport Road, Fort St. John, B.C. V1J 4M6 Mailing Address: OGC, Bag 2, Fort St. John, B.C. V1J 2B0 Phone: (250) 794-5200	Date Received
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THIS IS AN AUDITABLE DOCUMENT

ADMINISTRATION		A
Applicant Name:		
Applicant Contact:	Phone:	Email:
Address:		City, Province, Postal Code:
ALLEGATION DETAILS		B
Date of alleged contravention: (MM/DD/YYYY)	Location of the alleged contravention:	
Provide details of the alleged contravention, including the names of the parties involved:		
Provide statement of evidence to support the allegation:		
APPLICANT SIGNATURE		C
<i>Signing this form confirms that the applicant submitting the request is at least 18 years of age and resides in British Columbia.</i>		
Date: (MM/DD/YYYY)	Signature: <input type="checkbox"/> Selecting this box acts as the applicant's signature and confirms that all information provided is correct.	
FOR COMMISSION USE ONLY		D
Date received:	Priority rating: <input type="checkbox"/> High <input type="checkbox"/> Normal <input type="checkbox"/> Low	
Event severity: <input type="checkbox"/> Involves a leak or immediate risk to public <input type="checkbox"/> No immediate risk to public <input type="checkbox"/> Other:		