

FORM 21

[Section 24]

## **REPLY**

RE A	PPLICATION BY						
			(State here name	e of applic	ant.)		
DATED THE DAY OF _		DAY OF	, 20		TO THE LABOUR RELATIONS BOARD		
FOR	AN ORDER						
			(State here briefly as to	order appl	lied for e.g. "for certifi	cation".)	
1.	This reply is ma	de by					
of							
	no. stree	t	city/town		province	postal code	
	telephone		alternate phone number		email	address	
2.	With respect to	the applicatio	n, the following statement	s are sp	ecifically admitted	d:	
	(a)						
	(b)						
	(c)						
	etc.						
3.	The following st	tatements are	specifically denied:				
	(a)						
	(b)						
	(c)						
	etc.						

	The following statements are specifically commented on:							
(								
	Comment:							
(								
	Comment:							
(								
	Comment:							
	The following is a concise statement of the material facts which are intended to be relied on in support of this reply:							
(	(a)							
(								
(								
(								
the of fac easo								
, the of faceaso	dersigned, swear (or affirm) that the submissions set forth above are, in so far as they are matters rue and complete to the best of my knowledge and, in so far as they are matters of opinion, are oly and honestly believed by me.  (OR AFFIRMED) BEFORE ME							
, the of faceaso	dersigned, swear (or affirm) that the submissions set forth above are, in so far as they are matters rue and complete to the best of my knowledge and, in so far as they are matters of opinion, are oly and honestly believed by me.  (OR AFFIRMED) BEFORE ME, Saskatchewan,, day of,							
the of face easo work work terms and the seaso terms are seaso terms and the seaso terms are season term	dersigned, swear (or affirm) that the submissions set forth above are, in so far as they are matters rue and complete to the best of my knowledge and, in so far as they are matters of opinion, are oly and honestly believed by me.  (OR AFFIRMED) BEFORE ME, Saskatchewan,day of,							

## CONTACT INFORMATION AND ADDRESS FOR SERVICE

If the reply is not made by an individual, indicate the name, address and contact information of the individual swearing or affirming the document.

Name:					
Position Held:					
Address:					
	no.	street	city/town	province	postal code
Telephone:					
Email address:					
If the party filing the reply party's lawyer.	is repres	ented by legal	counsel, also indicate th	ne name and address	for service of the
Lawyer:					
Address:					
·	no.	street	city/town	province	postal code
Telephone:					
Email address:					