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|  | **Saskatchewan** Labour Relations Board | www.sasklabourrelationsboard.com |

FORM 22

[*Section 25*]

**APPLICATION TO INTERVENE**

**1.**

*name of intervening person, employer, union or labour organization*

of

*no. street city/town province postal code*

*telephone alternate phone number email address*

gives notice that it seeks to intervene in the matter of the application of

(*name of person, employer, union or labour organization that made the application in which intervention is sought*)

in LRB File No. .

**2.** On what basis does the applicant seek to intervene in the proceedings?

(*If necessary, include additional reasons as an attachment. Indicate whether applying as direct, public interest or exceptional intervenor.*)

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**3.** On what facts does the applicant rely in seeking to intervene in the proceedings?

(*Give a detailed and accurate statement of the facts on which intervention is sought. If necessary, include additional facts as an attachment*.)

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| **4.** Other relevant facts (if any) touching the original application and this notice are as follows:   |  | | --- | |  | |  | |  | |  | |  | |  | |

I, the undersigned, swear (or affirm) that the submissions set forth above are, in so far as they are matters of fact, true and complete to the best of my knowledge and, in so far as they are matters of opinion, are reasonably and honestly believed by me.

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| SWORN (OR AFFIRMED) BEFORE ME | | | |  | *signature* |
| at , Saskatchewan, | | | |
| this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , | | | |
| 20 . | | | |
|  | | | |
| Notary Public or Commissioner for Oaths for Saskatchewan | | | |
| My Commission Expires: | | | |
|  | | | |  |  |
| CONTACT INFORMATION AND ADDRESS FOR SERVICE | | | | | |
| If the applicant is not 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 applicant is represented by legal counsel, also indicate the name and address for service of the applicant’s lawyer. | | | | | |
|  | Lawyer: |  | | | |
|  | Address: | *no. street city/town province postal code* | | | |
|  | Telephone: |  | | | |
|  | Email address: |  | | | |