

Notice of Intent for Compensation Related to the Aishihik Generating Station 5-Year Water Use Licence Renewal

Upon receipt of a Notice of Claim form, a representative of Yukon Energy will follow up with the claimant or their designate by phone, email or in writing to arrange a follow-up discussion to confirm submitted information and to discuss a proposed basis for compensation. This follow-up discussion is expected to occur in April 2022.

This Notice of Claim form may be mailed, faxed or emailed to Yukon Energy.

Attn: Travis Ritchie
Yukon Energy Corporation
#2 Miles Canyon Road
P.O. Box 5920, Whitehorse, Yukon, Y1A 6S7
Fax: (867) 393-5323
Email: travis.ritchie@yec.yk.ca

NOTICE OF CLAIM FORM – ATTENTION: Please be advised that the following letter, and responses to compensation questions included below, give notice that I, _____, will be seeking compensation for the effects of the Aishihik Generating Station (AGS) 5-Year Water Use Licence Renewal Project (years 2023–2027).

I understand that Yukon Energy, and/or their representative, will contact me to arrange a follow-up discussion.

COMPENSATION QUESTIONS: Use additional pages if needed. Please include your name and the question number on all additional pages.

1. Claimant contact information: Name: _____

Address: _____

Phone: _____ Email: _____

2. Please indicate how you would prefer to be contacted (mail, phone or email). _____

3. What is the nature of your claim? For example, how will Yukon Energy's use of the water impact your activities?

4. Describe the nature and timing of your activities and interactions with the aquatic environment in the Aishihik area, for example, fishing, hunting, trapping, domestic water use, recreation. Do these activities/uses occur all year, seasonally, etc.? Will your activities continue for the next five years?

5. What information can you share to help verify your claim (e.g., trapping harvest/sales records, financial statements, trapline permit, outfitter's licence)?

6. Will you negotiate with Yukon Energy on your own for potential compensation? Yes No

7. If you answered NO to question 6, who will assist you? Name: _____ Phone: _____

Address: _____

8. Do you require the services of an interpreter? Yes No

9. If you answered YES to question 8, please indicate which language or if an ASL interpreter is required.

I declare that the information provided in this form is true.

Claimant signature:

_____ Date: _____

