

COMMENT FORM FOR NIRB SCREENINGS

The Nunavut Impact Review Board (NIRB) has a mandate to protect the integrity of the ecosystem for the existing and future residents of Nunavut. To assess the environmental and socio-economic impacts of the project proposal, NIRB would like to hear your concerns, comments and suggestions about the following project proposal application:

Project Proposal Title: <u>Kiggavik Project</u>																			
Proponent: <u>AREVA Resources Canada Inc.</u>																			
Location: <u>Kivalliq Region</u>																			
Comments Due By: <u>February 10, 2009</u>	NIRB #: <u>09MN003</u>																		
Indicate your concerns about the project proposal below: <table style="width: 100%;"> <tr> <td>☐ no concerns</td> <td>☐ traditional uses of land</td> </tr> <tr> <td>☐ water quality</td> <td>☐ Inuit harvesting activities</td> </tr> <tr> <td>☐ terrain</td> <td>☐ community involvement and consultation</td> </tr> <tr> <td>☐ air quality</td> <td>☐ local development in the area</td> </tr> <tr> <td>☐ wildlife and their habitat</td> <td>☐ tourism in the area</td> </tr> <tr> <td>☐ marine mammals and their habitat</td> <td>☐ human health issues</td> </tr> <tr> <td>☐ birds and their habitat</td> <td>☐ other: _____</td> </tr> <tr> <td>☐ fish and their habitat</td> <td>_____</td> </tr> <tr> <td>☐ heritage resources in area</td> <td>_____</td> </tr> </table> Please describe the concerns indicated above: 		☐ no concerns	☐ traditional uses of land	☐ water quality	☐ Inuit harvesting activities	☐ terrain	☐ community involvement and consultation	☐ air quality	☐ local development in the area	☐ wildlife and their habitat	☐ tourism in the area	☐ marine mammals and their habitat	☐ human health issues	☐ birds and their habitat	☐ other: _____	☐ fish and their habitat	_____	☐ heritage resources in area	_____
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Do you have any suggestions or recommendations for this application? 																			
Do you support the project proposal? Yes ☐ No ☐ Any additional comments? 																			
Name of person commenting: _____ of _____																			
Position: _____	Organization: _____																		
Signature: _____	Date: _____																		