



We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact the Board as soon as possible.

**Part 1: Appeal Information**

SOE #: \_\_\_\_\_

Property Roll Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Appeal Number(s): \_\_\_\_\_

**Part 2: Mandatory Meeting Information**

Proceeding Type:  Summary  General

Date of Mandatory Meeting (dd/mm/yyyy): \_\_\_\_\_

**Part 3: Outcome of Mandatory Meeting**

Please indicate whether the appeals are settled or not settled.

Settled: How?  Withdrawn  MOS Submitted  
 MOS Circulating (Rule 61)

Not Settled

**Expert Reports (General SOEs only):**  Additional Expert Reports required \*

The parties request the Board conduct a Settlement Conference before they proceed to obtain additional Expert Reports. The parties must file an Expedited Board Directions form, providing reasons, within 10 days of the Mandatory Meeting form due date.

\* In order to obtain Additional Expert Reports in accordance with the Board's Rules, all parties must serve and file a completed and signed "Acknowledgement of Expert Duty Form" no later than 10 days from the Mandatory Meeting Form due date. A Party cannot proceed to obtain additional expert reports if the Party does not comply with this due date.

**Part 4: Next Step**

The Board conducts all hearings electronically unless a party satisfies the Board that holding an electronic rather than an oral hearing is likely to cause the party significant prejudice, as set out in section 5.2 (2) of the *Statutory Powers Procedure Act*.

**Summary Proceedings**

Parties would like to proceed to:  Full Hearing (½ day)  Full Hearing (Full Day) \*

Preferred format:  Videoconference  Written

\* If requesting Full day, parties must provide reasons by completing and attaching **Expedited Board Directions Form**.

Note: Please copy all parties when submitting to the Board.

Preferred date or date range (Please indicate either a specific agreed upon date **OR** a date range – must be no later than 12 weeks after evidence due date):

\_\_\_\_\_ preferred date (dd/mm/yyyy) **OR** from \_\_\_\_\_ date range (dd/mm/yyyy) to \_\_\_\_\_ date range (dd/mm/yyyy)

Preferred time:  9:30 am  1:30 pm

**General OR Legacy Proceedings**

Parties would like to proceed to:

Settlement Conference (1/2 day)  Settlement Conference (Full Day) \*

Preferred format:  Telephone Conference  Videoconference  Written

Preferred date or date range (Please indicate either a specific agreed upon date **OR** a date range)

General (Must be no later than **8 weeks** after evidence due date):

\_\_\_\_\_ preferred date (dd/mm/yyyy) **OR** from \_\_\_\_\_ date range (dd/mm/yyyy) to \_\_\_\_\_ date range (dd/mm/yyyy)

Legacy (Must be no later than **4 weeks** after evidence due date):

\_\_\_\_\_ preferred date (dd/mm/yyyy) **OR** from \_\_\_\_\_ date range (dd/mm/yyyy) to \_\_\_\_\_ date range (dd/mm/yyyy)

Preferred time:  9:30 am  1:30 pm

**\* If requesting Full day, parties must provide reasons by completing and attaching Expedited Board Directions Form.**

**Part 5: Information on Statements of Issues and Response**

Statement of Issues served by:  Appellant  Other

Did any Appellant not serve a Statement of Issues?  Yes  No

Party name: \_\_\_\_\_

Statement of Response served by:  MPAC  Municipality  Other

Did any Respondent not serve a Statement of Response?  Yes  No

Party name(s): \_\_\_\_\_

Contact information (email address): \_\_\_\_\_

**Part 6: All Parties Consent to the Above Information**

Organization	Participant Name	Consent	Oppose	No Position	No Response
<input type="checkbox"/> MPAC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Municipality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Appellant		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If any of the parties oppose the request, please indicate who and why in the Supporting Information section.

**Notes/Supporting Information:**

Date submitted to the Board (dd/mm/yyyy): \_\_\_\_\_

Note: Please copy all parties when submitting to the Board.