



ONLY THE PARTY WHO FILED THE APPLICATION (THE APPLICANT) OR THEIR REPRESENTATIVE MAY SUBMIT THIS FORM TO THE LTB

I am the: Landlord Tenant Co-op Representative

First Name _____ Last Name _____

Day Phone No. _____ Email Address _____

Law Society of Ontario No. (if applicable) _____ I have the authority to bind all Applicants:
 Yes No

The Responding Party is the: Landlord Tenant Representative

First Name _____ Last Name _____

Day Phone No. _____ Email Address _____

If there is more than one Respondent, list each name and contact information in the box below.

Rental Unit Address

Street No. _____ Street Name _____

Street Type (e.g. Street, Avenue, Road) _____ Direction (e.g. East) _____ Unit/Apt./Suite _____

Municipality (City/Town) _____ Province _____ Postal Code _____

INDICATE THE FILE NUMBER AND THE EARLY RESOLUTION YOU ARE SEEKING. See the explanation page to ensure that you have selected the correct resolution type. Send a separate request for each file to the appropriate Regional Office.

File Number:

- Withdrawal**
I am the Applicant and I want my file closed with no further action taken.
- Discontinuance – L1**
I am the Applicant and at some point after the L1 was filed, the Tenant paid all rent arrears and all new rent that was owing as of THE DATE OF PAYMENT and the amount the Landlord paid for filing the application. I have attached an L1/L9 update sheet with this form.
- Tenant vacated – L1**
I am the Applicant and the Tenant(s) vacated the unit after I filed the application. I only seek an order requiring the payment of the rent arrears.
- Tenant vacated – Other**
I am the Applicant and my application includes a claim for damages or compensation and I wish to have a hearing for that claim only.
- L1 or L9 payment plan – File a Payment Agreement Form**
- Consent Hearing**
All parties have agreed on terms to fully resolve the application(s). All parties must attend the hearing. The order cannot contain terms that are inconsistent with the RTA.

I agree that by submitting this resolution request, I am electronically signing the request by placing my name in the box.

I, _____ solemnly declare that the information I have provided is true. I understand that it is an offence to file a false or misleading document with the Board.

The Board will contact you regarding your request.