



Tribunals Ontario

Assessment Review Board
15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6
Email: arb.registrar@ontario.ca
Website: tribunalsontario.ca/arb

Acknowledgment of Expert's Duty

(Disponible en français)

Hearing Number:	Region Number:	Municipality:
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Property Roll Number:

Property Location:

Appeal Numbers:

- My name is _____ (name)
I live at the _____ (municipality)
in the _____ (county or region)
in the _____ (province)

- I have been engaged by or on behalf of _____ (name of party/parties)
to provide evidence in relation to the above-noted Board proceeding.

- I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:
 - to provide opinion evidence that is fair, objective and non-partisan;
 - to provide opinion evidence that is related only to matters that are within my area of expertise; and
 - to provide such additional assistance as the Board may reasonably require, to determine a matter in issue.

- I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

Date (dd/mm/yyyy)

Signature
