



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 Withdrawn MOS Submitted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 *

Parties request the Board to conduct a Settlement Conference before they proceed to obtain additional Expert Reports

* 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.