

## **Tribunals Ontario**

Assessment Review Board 15 Grosvenor Street, Ground Floor Toronto, ON M7A 2G6

Email: arb.registrar@ontario.ca Website: tribunalsontario.ca/arb

## Accommodation – Request to Change Hearing Format

(Disponible en français)

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.

Part 1: Request						
Requesting Party		Date Submi	Date Submitted (dd/mm/yyyy)			
Current hearing f						
Telephone C		deo Conference				
Requested hearing						
Telephone C	onference Written Vio	deo Conference	In-	person		
Parties' Position	1					
Requesting F	Party confirms that it has contacted all other	er parties asking	them to advis	se of their pos	sition on this	
Organization	Participant Name	Consent	Oppose	No Position	No Response	
☐ MPAC						
Municipality						
Assessed Person						
Other Party						
Note: If any of the Notes/Supporting	e parties oppose the request, please indic ng Information:	ate <u>who</u> and <u>wh</u> y	∠in the Suppo	orting Informa	ation section.	
Part 2: Hearing Information						
Roll Number(s):						
Appeal Number(s	s):					
Proceeding type:	Summary General					
Hearing Number: Hea		Hearing Date & T	aring Date & Time:			
Hearing Location	(in-person only):					

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

Part 3: Submissions in Support of Request					
Please select one of the following reasons for requesting the change in hearing format:					
Procedural Fairness/Prejudice (as set out in section 5.2(2) of the <u>Statutory Powers Procedure Act</u> ), which states:					
The tribunal shall not hold an electronic hearing if a party satisfies the tribunal that holding an electronic rather than an oral hearing is likely to cause the party significant prejudice.					
Hearing Format accommodation under the Ontario's Human Rights Code.					
Please provide your specific submissions in support of your Request:					

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

ARB015E 11/2023 Page 2 of 3

FOR INTERNAL USE ONLY						
DV Name:	Request Approved: Yes No					
Decision/Reasons:						
O'mark and						
Signature:						
Date & Time:						

ARB015E 11/2023 Page 3 of 3