

#### Tribunals Ontario – Assessment Review Board

### **Accommodation – Request to Change Hearing Format**

Assessment Review Board, 15 Grosvenor Street, Toronto, Ontario M7A 2G6

Phone: (416) 212-6349 or 1-866-448-2248

Website: www.tribunalsontario.ca/arb/ E-mail: arb.registrar@ontario.ca

We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 005. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible at: 416-212-6349 or Toll free: 1-866-448-2248 or TTY: 1-800-855-1155 via Bell relay

Part 1: Request						
Requesting Party:						
Date Submitted:						
Current hearing form	at:   Telephone Conference	□ Written □	Video C	onference		
Requested hearing for	ormat:   Telephone Conferer	nce 🗆 Writte	n □ Vide	o Conference	e □ In-person	
PARTIES' POSITION	N					
$\hfill\square$ Requesting Party confirms that it has contacted all other parties asking them to advise of their position on this Request						
Organization:	Participant Name	Consent	Oppose	No Position	No Response	
☐ MPAC:						
☐ Municipality:						
☐ Assessed Person:						
☐ Other Party:						
			Note: If any of the parties oppose the request, please indicate who and why in the Supporting Information Section.			
Part 2: Hearing Ir	nformation					
Roll Number(s):						
Appeal Number(s):						
Proceeding type:	☐ Summary	$\square$ General	General			
Hearing Number:						
Hearing Date & Time	<b>:</b>					
Hearing Location (in-	-person only):					



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Please select one of the following reasons for requesting the change in hearing format:					
$\square$ 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 <u>Human Rights Code</u>					
Please provide your specific submissions in support of your Request:					



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FOR INTERNAL USE ONLY:						
DV Name:	Request Approved:	□ Yes □ No				
Decision/Reasons:						
Signature:						
Date & Time:						

Note: Please copy all parties when submitting to the Board