Late Appeal Request Form

Date Stamp

(Disponible en français)

in the Assessme prove either that:	•	ppellant provides	affidavit evide	nce to	
a. The appeal v or	vas sent to the Boa	rd within the time se	et out in the Ass	essment Act;	
	he Board within 30	ed to receive a notic days of becoming a			eive notice and filed the ification that is the
Date Request Su	bmitted to the Boa	ard (dd/mm/yyyy):			
Note: This request	t/form must be com	pleted in full, or you	ır request will no	ot be accepted by	the Board.
Part 1: Property/	Appeal Informatio	n			
Property Roll Num	ıber:				
Property Address:					
Tax Year(s) Requ	ested:		Appeal deadlin	ne (dd/mm/yyyy):	
Are you the currer	nt legal owner of the	e property?	es No		
Provide the name	on the title of the p	roperty:			
Do you have a rep		Yes No			
	municate with the				
I have accessibility	requirements:	No Yes (p	please contact th	ne Board as soon	as possible)
Part 2: Requesto	r Information		_		
First name:			Last name:		
Company (if any):					
Mailing Address	1	1			
Unit number:	Street number:	Street name:			
City:		Province:	Postal code:	Country (if not C	Canada):
				<u> </u>	
Home phone number:		Business phone number: Fax number:			



NOTE: This form is for submitting a Late Appeal only.

Under Rule 26, the Board may accept an appeal received after the time set out ir р

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Are you the current legal owner of the property?	No		
Provide the name on the title of the property:			
Do you have a representative? Yes No			
I would like to communicate with the ARB in:	French		

I have accessibility requirements:	No No	Yes (please contact the Board as soon as possible)

Ρ

First name:	Last name:		

Email address:

If you have indicat	ed a Company nan	ne, what is your rela	ationship to the o	current owner?
Yes No		of Address pursuant		
			, mai molacca).	
Are you the curren	t owner of the prop	erty? 🗌 Yes	No No	
bottom of the form				mation including email address at the
What day, month a	and year did you ta	ke possession of the	e property?	
Was a Request for	Reconsideration f	iled with MPAC?	Yes *	No
* If Yes , please pro	ovide the Decision	Date (dd/mm/yyyy):		
Did the property ov	wner receive a cop	y of the Assessment	t Notice from MF	PAC? Yes No
If Yes , please provide the date the property owner received the notice (dd/mm/yyyy):		If No , please provide the date where the property owner claimed to become aware of the notice (dd/mm/yyyy):		
		peal if you were no ar you are requesti		owner before the Return of the Roll as
Part 3: Represent	ative Information	(To be completed w	/here there is a	representative)
Company name:			Name of representative:	
Mailing Address			Į	
Unit number:	Street number:	Street name:		
City: Province:		Postal code:	Country (if not Canada):	
Telephone number (office): Telephone nur		Telephone number	r (other):	Fax number:
Email address:		1		

Representatives who are not licensed by the Law Society of Ontario must have written authorization and check the box below.

I certify that I have written authorization from the appellant to act as a representative for this appeal and I understand that I may be asked to produce this authorization at any time. I understand that I can only be a representative if I qualify for an exemption under the rules of the Law Society of Ontario.

Part 4: Affidavit Evidence Requirement

Rule 26 requires that you must provide evidence in support of your request by a sworn affidavit(s).

I have attached my affidavit(s) to this request (please note that the Board cannot accept any requests for late appeals where no affidavit has been attached).

If you did not receive the Notice, you must attach a sworn affidavit to establish:

- The circumstances which led to you not receiving the Notice; and
- The circumstances under which you first became aware of the Notice.

I am not the property owner; below is the contact information for the property owners: Name:

Address:		
Contact information:	Email address:	

*** Notices of Assessment can only be received by the owner of the property not the representative on behalf of the property owner. ***

Note: You may provide any additional background information here.

Part 5: How to Send Your Request

File your late appeal request using only ONE of the following options. If you are unsure whether you filed correctly and file more than once, please mark any additional submissions COPY to avoid duplicate charges.

Email:	OR	Mail:
ARB.Registrar@ontario.ca		Assessment Review Board
		15 Grosvenor St, Ground Floor
		Toronto, ON M7A 2G6