 Tribunals Ontario – Assessment Review Board

**Payment Form**

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

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

ARB Multiple Appeals filed by Representative

**PAYMENT FORM**

Use this payment form only if you are a Representative filing **more than 25** appeals. Please [e-file](http://tribunalsontario.ca/arb/e-file-an-appeal/) if you are filing **25 appeals or less.**

Use the [Multiple Appeals Filed by Representative Excel Template](http://tribunalsontario.ca/arb/filing-an-appeal/) to calculate the total appeal fee owing before completing this payment form

**Submitting Payment and Appeals:**

There are two options to submit multiple appeals and payment:

**OPTION 1: E-mail**

1. **Email** the completed [Excel template](http://tribunalsontario.ca/arb/filing-an-appeal/) to arb.registrar@ontario.ca, and

**OPTION 2: Mail OR Drop-off**

1. The completed Excel template saved on a USB, and
2. This Payment form, along with your payment to ARB’s head office.

|  |
| --- |
| Part 1: Fee and Payment Information |

Information provided in this section is confidential. It will only be used to process your appeal and will not be kept on file.

Fees

Residential, farm, managed forest and conservation land properties….$132.50\* for each Roll Number

All other property classes…………………………………….……………..$318.00\* for each Roll Number

## Total fee submitted: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Note: Filing fees cannot be refunded.

Payment Type

##  \*Cheque or Money Order – make payable to the Minister of Finance.

**If a financial institution returns your cheque, or if you cancel payment, an administrative fee of $35 will apply.**

 Visa or  MasterCard

Credit card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

 month year

Cardholder’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: (D/M/Y) \_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

|  |
| --- |
| **Personal information requested on this form is collected under section 40 of the Assessment Act. After an appeal is filed, all information relating to this appeal other than credit card information may become available to the public. For additional information, please visit our website:** [**www.tribunalsontario.ca/arb/**](http://www.tribunalsontario.ca/arb/)**.** |

**For office use only:**

Fee received: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cash  Cheque  Money order  Credit card

  Debit card

Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_