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|----------------------------|
| WR/Order # |
| Receipt # |
| Date Stamp |
| <i>For office use only</i> |

NOTE: This form is for submitting a Request for Review of an ARB decision or order only.

The Board may refuse your request if:

1. The request is received more than 30 days after the release of the Written Reasons/decision and the Board determines there is no good reason to support an extension of time.
2. The request is incomplete (for example, required information or the \$125 filing fee is not provided within 21 days of the Board's acknowledgement letter).
3. The request is the second request by the same party.
4. You want to reargue the matter already decided on, using the same evidence from the hearing.

Part 1: Property Information

Property Roll Number:

Street Address:

Municipality:

Property Owner:

Tax Year(s):

Hearing #:

Hearing date:

Written Reason #:

Are you the owner of this property?

Yes

No

Do you have a representative?

Yes

No

I would like to communicate with the ARB in English

French

I have accessibility requirements

No

Yes (please contact the Board as soon as possible)

Part 2: Requestor Information

First name:

Last name:

Company (if any):

Street address:

City:

Province:

Postal code:

Country (if not Canada):

Home phone #:

Fax #:

E-mail address:

Signature:

Part 3: Representative Information To be completed where there is a representative

Company name:

Name of representative:

Street address:

Apt/Suite/Unit #:

City:

Province:

Postal Code:

Business/other telephone #:

Home telephone #:

Fax #:

E-mail address:

Roll Number:

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: Reason(s) for Request for Review (Check ONLY the reasons that apply)

The Board:

- Acted outside its jurisdiction
- Violated the rules of natural justice or procedural fairness, including allegations of bias
- Made an error in law or fact such that the Board would likely have reached a different decision
- Should consider new evidence, which was not available at the time of the hearing, but that is credible and could have affected the result – please provide any documents
- Heard false or misleading evidence from a party or witness, which was discovered only after the hearing and could have affected the result.

Part 5: The Order You Want the Board to Make and any Addition Details as to the Reasons for the Request

Please include your comments in the space provided. These comments do not stand in place of a sworn affidavit.

Part 6: How to Send Your Request

File your appeal 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.

1. Email

arb.registrar@ontario.ca

2. Mail or In person

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

Roll Number:

Part 7: Checklist

Before submitting your request, make sure you:

- Have requested written reasons
- Include a sworn affidavit stating the facts relied upon in support of your request
- State clearly what your desired result is – what is it you want the Board to do
- Include copies of decision and copies of documents that you are relying on that were not available at the hearing
- Send a copy of this form and all other documentation to every party involved (this includes an explanation for your request)

Roll Number:

Part 8: Fee and Payment Information

Fees

\$125 filing fee ***There are no refunds of the filing fee**

Payment Type

Payment can only be made by credit card (Visa or MasterCard).

Please do not send full credit card information by email as the Board will not accept. The Board will be in contact after receiving this request to process payment.

Personal information requested on this form is collected in accordance with section 40 of the Assessment Act. All of the information related to the appeal including your Name and Contact information will be shared with the public and used for the purpose of the ARB business and the resolution of the appeals. Information about the ARB can be found at www.tribunalsontario.ca/arb/.

For office use only:

Fee received: \$ _____ Visa MasterCard

Verified by: _____