



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 the Board.

Part 1: Request

Requesting Party:

Date Submitted:

Current hearing format: Telephone Conference Written Video Conference

Requested hearing format: Telephone Conference Written Video Conference In-person

PARTIES' POSITION

Requesting Party confirms that it has contacted all other parties asking them to advise of their position on this Request

Organization: **Participant Name**

MPAC:

Municipality:

Assessed Person:

Other Party:

Consent Oppose No Position No Response

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If any of the parties oppose the request, please indicate who and why in the Supporting Information Section.

Part 2: Hearing Information

Roll Number(s):

Appeal Number(s):

Proceeding type: Summary General

Hearing Number:

Hearing Date & Time:

Hearing Location (in-person only):



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 [Statutory Powers Procedure Act](#)), 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:



Tribunals Ontario – Assessment Review Board

Accommodation – Request to Change Hearing Format

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

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

FOR INTERNAL USE ONLY:

DV Name:

Request Approved: Yes No

Decision/Reasons:

Signature:

Date & Time: