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Application Information	
Tribunal File Number:	
Name of Applicant:	
Name of Each Respondent:	

**Document Delivery Information**

Party filling this form:  
 Applicant     Respondent     Intervenor     Other: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

On: \_\_\_\_\_  
(dd/mm/yyyy)

I sent: \_\_\_\_\_  
(name of form(s) or document(s) that you are declaring you sent, attach additional sheets if necessary)

to: \_\_\_\_\_  
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The form(s) or document(s) were delivered by: \_\_\_\_\_  
(indicate method of delivery)

**Signature**

By signing my name, I declare that, to the best of my knowledge, the information that is found in this form is complete and accurate.

Name:	
Signature:	Date: (dd/mm/yyyy)

Please check this box if you are filing your Statement electronically. This represents your signature. You must fill in the date, above.

Collection of Information:

Under the Ontario *Human Rights Code*, the Human Rights Tribunal of Ontario (HRTO) has the right to collect the personal information requested on this form. We use the information to resolve your application. After you file the form, your information may also be available to the public. If you have questions about how the HRTO uses your personal information, contact the HRTO at 416-326-1312 or 1-866-598-0322 (toll-free.)