Request for the LTB to Issue a Summons

	Landlord ar	nd Tenant Bo	– ard					(Disponible en f	rançais	
Ontario				File Number:						
Request First Nam	ter's Inforr ne	mation	Landlord	Со-ор	Tenant	Co	o-op Mem	ober Othe	er	
Last Nam	ne									
Mailing A	ddress									
Unit/Apt./	/Suite	Municipali	ty (City, Town, etc	.)			Prov.	Postal Code		
Day Phor	ne Number		Evening Ph	one Number		Fax Nun	nber			
()	-	()	-	()	-		
Unit, Bu Street Nur	_	omplex Co Street N	vered by this A	Application						
Street Typ	e (e.g. Street, /	Avenue, Road)	Direct	tion (e.g. East)	Unit/Apt./Suit	te				
Municipali	ty (City, Town,	etc.)					Prov.	Postal Code		
Informa	ation about	the Heari	ng							
Hearing	Date	/ dd/mn	/ n/yyyy	He	aring Time	hr	: min	am pm		
Location										
Part 1:	Witness to	be Summo	ned to Attend	the Hearin	g					
First Nam										
Last Nam	ne									
Mailing A	ddress									
Unit/Apt./Suite		Municipality (City, Town, etc.) Prov.					Prov.	Postal Code		
Day Phone Number			Evening Phone Number			Fax Number				
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resolve you	ur application u	ınder section 1	right to collect the i 85 of the <i>Residentia</i> eeding may become	al Tenancies Act	<i>, 2006</i> . After you	ı file the				

order or other document, in accordance with Tribunals Ontario's Access to Records Policy and the Tribunal Adjudicative Records Act, 2019. Parties wanting records or information to remain confidential must seek a confidentiality order from the adjudicator. If you have questions about confidentiality orders or access to records, please contact us by email at <u>LTB@ontario.ca</u> or our

Contact Center at 416-645-8080 or 1-888-332-3234 (toll free).

Explain how the witness is connected to the case.						
Give a general descr	intion of the evidence the	witness will provide at the	hoaring and explain why this			
Give a general descr	and necessary to receive t	he application	hearing and explain why this			
evidence is relevant						
evidence is relevant	and necessary to resolve t	пе аррисаціон.				
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Part 2: Documents Witness Must Bring to the Hearing

Name of Document	Reason Document is Required				
Signature Requeste	r Representative Other				
First Name	. — Integration — — outle				
Last Name					
Day Phone Number	LSUC#				
-					
Important: If you are a lawyer or paral	legal, you must also attach a completed <u>Summons</u> .				
Signature	Doto (dd/mm/nnn)				
Signature	Date (dd/mm/yyyy)				
If the LTB approves your request and is	ssues a summons, indicate how the LTB should provide the signed				
summons to you. The LTB will not serv	e the summons for you.				
Pick up at LTB office					
Mail to requester's address (on the					
Email to requester at this email add	aress:				
OFFICE USE ONLY:					
Delivery Method: In Person Mail Courier Email Efile Fax MS FL					