



**Print or type in uppercase.
Party's Name and Address**

Tenant Landlord Subtenant Superintendent Landlord's Agent

First Name

Last Name

Street Address

Unit/Apt./Suite Municipality (City, Town, etc.) Prov. Postal Code

Day Phone Number Evening Phone Number Fax Number
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Important: If you are a tenant, then you must also sign this part of the form.

Signature: Tenant Representative **Date**

dd/mm/yyyy

If you are a representative signing on behalf of a tenant, then you should attach a sheet to this form which includes your name, mailing address, phone number, fax number and e-mail address.

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The Landlord and Tenant Board has the right to collect the information requested on this form to resolve your application under section 185 of the *Residential Tenancies Act, 2006*. After you file the form, all information related to the proceeding may become publicly available in a tribunal decision, 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 LTB@ontario.ca or our Contact Center at **416-645-8080** or **1-888-332-3234** (toll free).

OFFICE USE ONLY:

File Number

Delivery Method: In Person Mail Courier Email Efile Fax FL