



**Print or type in uppercase.**

**Party's Name and Address**

Tenant    Co-op Member    Landlord    Co-op    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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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](mailto:LTB@ontario.ca) or our Contact Center at **416-645-8080** or **1-888-332-3234** (toll free).

<b>OFFICE USE ONLY</b>	File Number
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