



Environment and Land Tribunals Ontario

ARB Summons Request Form

Assessment Review Board, 655 Bay Street, Suite 1500, Toronto, Ontario M5G 1E5

Phone: (416) 212-6349 or 1-866-448-2248 **Fax:** (416) 314-3717 or 1-877-849-2066

Website: www.elto.gov.on.ca **E-mail:** assessment.review.board@ontario.ca

Instructions:

- Send this completed form to the Board by mail or fax.
- You must serve a summons to a witness at least five days before the time of attendance.
- Please ensure your summons request form is filed with Board well in advance of the hearing so it can be processed and issued before the hearing date
- A form must be completed for each person you are requesting approval to summons.
- If your request is approved, you will be provided with a summons and instructions for service.
- Please refer to Rule 69 and 70 of the Board's Rules of Practice and Procedure for more information.
- If the Board is not satisfied with the information provided, the summons may not be approved.

Part 1: Requester Information

First Name: _____ Last Name: _____

Company Name or Association Name (if applicable) _____

Daytime Telephone #: _____ Alternate Telephone #: _____

Fax : _____ Email Address: _____

Mailing Address: _____

Street Address	Apt Suite #	City/Town
Province	Country (if not Canada)	Postal Code

Part 2: Appeal /Application Information

Roll Number:

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19-digit number on Property Assessment Notice

Tax Year(s): _____ Appeal/Application No.(s) _____

Hearing No. _____ Hearing Location _____

Property Address: _____

Part 3: Witness Information

First Name: _____ Last Name: _____

Company Name or Association Name (if applicable) _____

Daytime Telephone #: _____ Alternate Telephone #: _____

Fax : _____ Email Address: _____

Mailing Address: _____

Street Address	Apt Suite #	City/Town
Province	Country (if not Canada)	Postal Code

Part 4: Reasons for Requesting this Witness (i.e. What relevant information will this witness provide at the hearing?)

**** Attach a separate sheet if more space is required**

Part 5: Signature and Date of Submission

Signature

Date Sent to ARB

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ARB Office Use Only:

Approved

Request further information

By: _____ Date: _____

By: _____ Date: _____