



Environment and Land Tribunals Ontario
Ontario Municipal Board
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REQUEST FOR ADJOURNMENT

REQUEST FOR ADJOURNMENT

OMB Case No.: _____ Hearing Date: _____ Municipality: _____

Request by (Party or Representative)

Name: _____

Address: _____

Phone: Bus: _____ Res: _____ Fax.: _____

Party (please check appropriate box): Applicant Appellant Municipality Other

If filing the request as a representative, please identify your client (party)

Reasons in support of the request to adjourn:

If the Board directed you to provide notice of the hearing event, has notice been given? Yes ___ No ___

Consents from all parties obtained and attached Yes ___ No ___ (if no, provide details)

Comments: _____

Request to Adjourn to: (month, year) _____

Suggested Dates: (agreeable to all parties) _____

Please return the completed form and any supporting documents to the Board's Hearings Office by mail, or by fax .