



Environment and Land Tribunals Ontario

# ARB Request for Review of a Board Decision or Order

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

WR/Order #
Receipt #
Date Stamp
<i>For office use only</i>

**NOTE: This form is for submitting a Request for Review of an ARB decision or order only.**

**The Board may refuse to your request if:**

1. The request is received more than 30 days after the release of the Written Reasons/decision and the Board determines there is no good reason to support an extension of time.
2. The request is incomplete (for example, required information or the \$125 filing fee is not provided within 21 days of the Board's acknowledgement letter).
3. The request is the second request by the same party.
4. You want to reargue the matter already decided on, using the same evidence from the hearing.

## Part 1: Property Information

Roll number: 

--	--	--	--	--

 - 

--	--	--	--	--

 - 

--	--	--	--	--

 - 

--	--	--	--	--	--	--	--	--

 - 

--	--	--	--

 19-digit number on Property Assessment Notice

Street Address: \_\_\_\_\_ Municipality: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Tax Year(s): \_\_\_\_\_

Hearing #: \_\_\_\_\_ Hearing date: \_\_\_\_\_ Written Reason #: \_\_\_\_\_

Are you the owner of this property?  yes  no  
 Do you have a representative?  yes  no  
 I would like to communicate with the ARB in  English  French  
 I have accessibility requirements  no  yes (please contact the Board as soon as possible)

## Part 2: Requestor Information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Company (if any): \_\_\_\_\_ Street address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ Country (if not Canada): \_\_\_\_\_

Home phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_

## Part 3: Representative Information To be completed where there is a representative

Company name: \_\_\_\_\_ Name of representative: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt/Suite/Unit#: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ Business/other telephone #: \_\_\_\_\_

Home telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

*Representatives who are not licensed by the Law Society of Upper Canada must have written authorization and check the box below.*  
 I certify that I have written authorization from the appellant to act as a representative for this appeal and I understand that I may be asked to produce this authorization at any time. I understand that I can only be a representative if I qualify for an exemption under the rules of the Law Society of Upper Canada.

Roll Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Part 4: Reason(s) for Request for Review** (Check ONLY the reasons that apply.)

The Board:

- Acted outside its jurisdiction
- Violated the rules of natural justice or procedural fairness, including allegations of bias
- Made an error in law or fact such that the Board would likely have reached a different decisions
- Should consider new evidence, which was not available at the time of the hearing, but that is credible and could have affected the result – please provide any documents
- Heard false or misleading evidence from a party or witness, which was discovered only after the hearing and could have affected the result

**Part 5: The Order You Want the Board to make and any Additional Details as to the Reasons for the Request**

Please include your comments in the space provided. These comments do not stand in place of a sworn affidavit.

**Part 6: How to Send Your Request**

File your appeal using only ONE of the following options. If you are unsure whether you filed correctly and file more than once, please mark any additional submissions COPY to avoid duplicate charges.

**1. Mail\***

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

**3. In person**

655 Bay Street, Suite 1500 (Bay Street, just north of Dundas)

**2. Fax\***

Toll Free: 1-877-849-2066  
Toronto Local: (416) 314-3717

**\*We do not immediately confirm receipt of forms. For faxed forms, keep a copy of the transmission report for your records. You will receive an acknowledgement letter after your request is processed.**

**Part 7: Checklist**

**Before submitting your request, make sure you:**

- Have requested written reasons
- Include a sworn affidavit stating the facts relied upon in support of your request
- State clearly what your desired result is – what is it you want the Board to do
- Include copies of decision and copies of documents that you are relying on that were not available at the hearing
- Include the required filing fee (\$125) with your request (payment information on following page of form)
- Send a copy of this form and all other documentation to every party involved (this includes an explanation for your request)

Roll  
Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## Part 8: Fee and Payment Information

The information in this section is confidential. It will **only be used to process your request** and will not be placed on file.

### Fees

\$ 125 filing fee **\*There are no refunds of the filing fee**

### Payment Type

\*Cheque or Money Order – make payable to the Minister of Finance and note roll number(s) on front of cheque/MO

**If a financial institution returns your cheque, or if you cancel or stop payment, an administrative fee of \$35 will apply.**

Personal information requested on this form is collected under section 40 of the Assessment Act. After an appeal is filed, all information relating to this appeal may become available to the public. For additional information, please contact an ARB public inquiry assistant at (416) 314-6900 or toll-free at 1-800-263-3237. The Assessment Act is available at [www.elto.gov.on.ca](http://www.elto.gov.on.ca)

### *For office use only:*

Fee received: \$\_\_\_\_\_  Cash  Cheque  Money order  Debit card

Verified by: \_\_\_\_\_