**Environment and Land Tribunals Ontario**

**ARB Request for Reconsideration Extension of Time Form – (2017–2020)**

**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.arb.gov.on.ca  **E-mail:** arb.rfrext@ontario.ca

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**Instructions:**
- Please complete one form per roll number.
- Only property owners can submit a Request for Reconsideration (RFR).
- Please provide a copy of your MPAC Property Assessment Notice along with this completed form.
- If you require additional space, you may continue on another page and attach it to this form, or you may write your reasons on a separate letter and write “see attached letter” in Part 3.
- For further information about Extension of Time for Request for Reconsideration, please review Section 39.1 and Section 40 of the **Assessment Act**, and Rule 13 of the Rules of Practice and Procedure for the Assessment Review Board.
- Please note that MPAC and/or Program Administrators for farms and managed forest properties must respond to RFRs no later than 180 days after the request is made or 240 days, with mutual consent. Depending on when the ARB receives your request for Extension of Time for RFR, the Board may not grant the request.
- All fields marked with an asterisk (*) are mandatory and must be completed.

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**Part 1: Requester Information**

* First Name: ____________________________  * Last Name: ____________________________

Company Name or Association Name (if applicable)

Daytime Telephone #: ____________________________  Alternate Telephone #: ____________________________

Fax: ____________________________  Email Address: ____________________________

* Mailing Address:

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<thead>
<tr>
<th>Street Address</th>
<th>Apt Suite #</th>
<th>City/Town</th>
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<thead>
<tr>
<th>Province</th>
<th>Country (if not Canada)</th>
<th>Postal Code</th>
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**Part 2: Property Information**

* Roll Number: [ Insert 19-digit number on MPAC Property Assessment Notice ]

* Tax Year(s): ____________________________  * Assessment Notice Date of Issue: ____________________________

* Type of Assessment:  
  - [ ] Annual Property Assessment  
  - [ ] Property Assessment Change  
  - [ ] Amended Property Assessment

Property Address: ____________________________

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**Part 3: Reasons for Extension Request**

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**Part 4: Signature and Date of Submission**

Signature ____________________________  Date Sent to ARB ____________________________