



Environment and Land Tribunals Ontario

# ARB Property Assessment Appeal Form Instructions

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

## AFFIDAVIT OF SERVICE

ARB Roll No: \_\_\_\_\_

I, \_\_\_\_\_ of the \_\_\_\_\_  
(full name and title) (city, town and county, region)

### MAKE OATH AND SAY (or AFFIRM AND SAY) THAT:

The hearing for the appeals \_\_\_\_\_ is taking place on  
(appeal numbers)

\_\_\_\_\_ at \_\_\_\_\_  
(day, month, year) (place, address)

I provided \_\_\_\_\_ to \_\_\_\_\_ on  
(name of document(s)) (full name of person receiving notice)

\_\_\_\_\_ by: \_\_\_\_\_  
(day, month, year)

### Check the correct one(s), fill in necessary info, and attach any supporting documents.

Mail or courier on \_\_\_\_\_  
(day, month, year)

Fax or email at \_\_\_\_\_ on \_\_\_\_\_  
(fax number or email address) (day, month, year)

Personal service on \_\_\_\_\_  
(day, month, year)

Another means of service as directed by the Board. Service of notice of the hearing in this matter is in accordance with the instructions given by the Board in its letter dated, \_\_\_\_\_  
(day, month, year)

Please ensure that notice has been given to: present parties, any appellant, objector and/or person who requested, in writing, that he/she receive notice (as well as any persons within an area defined by the Board in its instructions for service as being entitled to notice).

### Fill out below if you are the person swearing to this affidavit.

I, in good faith and in support of \_\_\_\_\_ have sworn to this affidavit.  
(the matter and/or legislation)

Sworn before me in the \_\_\_\_\_ on \_\_\_\_\_  
(city/town and region/municipality/county) (day, month, year)

\_\_\_\_\_  
Signature of Person affirming Affidavit

\_\_\_\_\_  
Commissioner for Taking Affidavits