



Environment and Land Tribunals Ontario
Notice of the Mandatory Meeting to the ARB

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

We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible at:
 Toll free: 1-866-448-2248 or TTY: 1-800-855-1155 via Bell relay

Part 1: Appeal Information **SOE #:** _____

Property Roll Number:

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Property Address: _____

Appeal Numbers: _____

Part 2: Mandatory Meeting Information

Proceeding type: General Proceeding Summary Proceeding

Date of Mandatory Meeting: _____

Part 3: Outcome of Mandatory Meeting

Please indicate whether the appeals are settled or not settled. If not settled, do you need expert reports?

- Settled: How?
- Not Settled: Why?
- Other:

Expert Reports: Yes No

Part 4: Next Step

Parties would like to proceed to:

Preferred Hearing event type:

Preferred Format:

Preferred Date: _____ Preferred Time: 9:30 am 1:30 pm

Length: Half day Full day (Parties must provide reasons if requesting Full day)

Date Range: _____
 (Please indicate either a specific agreed upon date and time **or** a date range)

Part 5: All Parties Consent to Above Information

Organization:	Participant Name
<input type="checkbox"/> MPAC:	_____
<input type="checkbox"/> Municipality:	_____
<input type="checkbox"/> Appellant:	_____
<input type="checkbox"/> Other:	_____

Notes:

Note: Please copy all parties when submitting to the Board

Consent	Oppose	No Position	No Response
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If any of the parties oppose the request, please indicate who and why in the Supporting Information Section below. Page 1 of 1