



Environment and Land Tribunals Ontario

**ARB Summons Request Form**

**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](http://www.elto.gov.on.ca) **E-mail:** [assessment.review.board@ontario.ca](mailto:assessment.review.board@ontario.ca)

**Instructions:**

- Send this completed form to the Board by mail or fax.
- You must serve a summons to a witness at least five days before the time of attendance.
- Please ensure your summons request form is filed with Board well in advance of the hearing so it can be processed and issued before the hearing date
- A form must be completed for each person you are requesting approval to summons.
- If your request is approved, you will be provided with a summons and instructions for service.
- Please refer to Rules 51-55 of the Board's Rules of Practice and Procedure for more information.
- If the Board is not satisfied with the information provided, the summons may not be approved.

**Part 1: Requester Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name or Association Name (if applicable) \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Fax : \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address	Apt Suite #	City/Town
Province	Country (if not Canada)	Postal Code

**Part 2: Appeal /Application Information**

Roll Number: 

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 19-digit number on Property Assessment Notice

Tax Year(s): \_\_\_\_\_ Appeal/Application No.(s) \_\_\_\_\_

Hearing No. \_\_\_\_\_ Hearing Location \_\_\_\_\_

Property Address: \_\_\_\_\_

**Part 3: Witness Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name or Association Name (if applicable) \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Fax : \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address	Apt Suite #	City/Town
Province	Country (if not Canada)	Postal Code

**Part 4: Reasons for Requesting this Witness (i.e. What relevant information will this witness provide at the hearing?)**

**\*\* Attach a separate sheet if more space is required**

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**Part 5: Signature and Date of Submission**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Sent to ARB

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ARB Office Use Only:

Approved

Request further information

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_