



Tribunals Ontario – Environment and Land Division
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:** arb.registrar@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.

- Settled: How? Withdrawn MOS Submitted MOS Circulating
 Not Settled
 Other:

Special Property Program – Will one of the parties be requesting this program? Yes* No

Expert Reports: Additional Expert Reports required; extend Schedule of Events to 104 weeks

***If requesting Special Property Program, parties must complete and attach Special Property Form**

Part 4: Next Step

Summary Proceedings

Parties would like to proceed to: Full Hearing (½ day) Full Hearing (Full Day)*

Preferred Format: Telephone Conference In-Person Video Conference

Preferred Date: _____

Preferred Time: 9:30 am 1:30 pm

Date Range: _____

(Please indicate either a specific agreed upon date and time **or** a date range)

***If requesting Full day, parties must provide reasons by completing and attaching Expedited Board Directions Form**

Note: Please copy all parties when submitting to the Board

General Proceedings

Parties would like to proceed to: Settlement Conference (½ day) Settlement Conference (Full Day)*

Preferred Format: Telephone Conference In-Person Video Conference

Preferred Date: _____ (Parties must choose a date no later than 2 months after evidence due date)

Preferred Time: 9:30 am 1:30 pm

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

***If requesting Full day, parties must provide reasons by completing and attaching Expedited Board Directions Form**

Part 5: Information on Statements of Issues and Response

Statement of Issues served by: Appellant Other

Did any Appellant not serve a Statement of Issues? Yes No

Party Name: _____

Statements of Response served by: MPAC Municipality Other

Part 6: All Parties Consent to Above Information

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

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.

Notes/Supporting Information: