

File Number: -

Requester's Information

Landlord Tenant

First Name

Last Name

Street Address

Unit/Apt./Suite

Municipality (city, town, etc.)

Province

Postal Code

Day Phone Number

Evening Phone Number

Fax Number

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Unit, Building or Complex Covered by this Application

Street Number

Street Name

Street Type (e.g. Street, Avenue, Road)

Direction (e.g. East)

Unit/Apt./Suite

Municipality (city, town, etc.)

Province

Postal Code

Information about the Hearing

Hearing Date

/ /
dd mm yyyy

Hearing Time

:
hr min am/pm

Location

Part 1: Witness to be Summoned to Attend the Hearing

First Name

Last Name

Mailing Address

Unit/Apt./Suite

Municipality (city, town, etc.)

Province

Postal Code

Day Phone Number

Evening Phone Number

Fax Number

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The Landlord and Tenant Board collects the personal information requested on this form under section 185 of the *Residential Tenancies Act, 2006*. This information will be used to determine applications under this Act. After an application is filed, all information may become available to the public. Any questions about this collection may be directed to a Customer Service Representative at **416-645-8080** or toll-free at **1-888-332-3234**.



Explain how the witness is connected to the case.

[Empty response box for explaining witness connection]

Give a general description of the evidence the witness will provide at the hearing and explain why this evidence is relevant and necessary to resolve the application.

[Empty response box for describing evidence]



