



We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 005. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible at: 416-212-6349 or Toll free: 1-866-448-2248 or TTY: 1-800-855-1155 via Bell relay.

Part 1: Appeals to be Combined

Roll Number:

Property Location:

Appeal Number(s):

Roll Number:

Property Location:

Appeal Number(s):

Roll Number:

Property Location:

Appeal Number(s):

Roll Number:

Property Location:

Appeal Number(s):

Roll Number:

Property Location:

Appeal Number(s):

If there are more than five properties to be combined, please attach a list of the remaining properties.

Note: Please copy all parties when submitting to the Board.

Part 2: Common Questions of Fact, Law or Policy

Please outline the common issues of fact, law or policy that would justify combining these appeals:

Part 3: Parties' Position to the Request

Organization	Representative Name	Consent	Oppose	No Position	No Response
<input type="checkbox"/> MPAC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Municipality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Appellant		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other		<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.

Notes/Supporting Information:

FOR INTERNAL USE ONLY

DV Name: _____ Combined Appeals: Yes No

Reasons: _____

Signature: _____

Date & Time: _____

Note: Please copy all parties when submitting to the Board.