



Tribunals Ontario

Assessment Review Board
15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6
Email: arb.registrar@ontario.ca
Website: tribunalsontario.ca/arb

Request to Reinstate an Appeal

(Disponible en français)

Date Stamp

NOTE: This form is for submitting a Request to Reinstate an Appeal.

A party to a former proceeding may seek an order from the Board to reinstate an appeal by filing an affidavit with the Board, copied to all parties, no more than 30 days after the appeal was dismissed or withdrawn by the Board, setting out that:

- a. the appeal was withdrawn, removed or dismissed in error;
- b. a party failed to appear at a hearing event through no fault of their own; or
- c. natural justice or procedural fairness require that the appeal be reinstated.

Date Request Submitted to the Board (dd/mm/yyyy): _____

Part 1: Property/Appeal Information

Property roll number:

Appeal number(s):

Street address:

Municipality:

Property owner:

Tax year(s):

Appeal(s) decision date (dd/mm/yyyy):

Are you the owner of this property? Yes No

Do you have a representative? Yes No

I would like to communicate with the ARB in English French

I have accessibility requirements No Yes (please contact the Board as soon as possible)

Part 2: Requestor Information

First name:

Last name:

Company (if any):

Mailing Address

Unit number:

Street number:

Street name:

City:

Province:

Postal code:

Country (if not Canada):

Home phone number:

Fax number:

Email address:

Signature:

Property Roll Number:

Part 3: Representative Information (To be completed where there is a representative)

Company name:	Name of representative:
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Mailing Address		
Unit number:	Street number:	Street name:

City:	Province:	Postal code:
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Telephone number (office):	Telephone number (other):	Fax number:
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Email address:

Representatives who are not licensed by the Law Society of Ontario must have written authorization and check the box below.

- I certify that I have written authorization from the appellant to act as a representative for this appeal and I understand that I may be asked to produce this authorization at any time. I understand that I can only be a representative if I qualify for an exemption under the rules of the Law Society of Ontario.

Part 4: Reason(s) for Request to Reinstate Appeal (Check ONLY the reasons that apply)

Please select the best reason that supports the request to reinstate the appeal(s):

- the appeal(s) was withdrawn, removed or dismissed in error;
- a party failed to appear at a hearing event through no fault of their own;
- natural justice or procedural fairness require that the appeal be reinstated.

Part 5: Parties' Position to the Request

Organization	Participant 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:

Property Roll Number:

Part 6: The Order You Want the Board to Make and any Additional Details as to the Reasons for the Request

Please include your comments in the space provided. These comments do not stand in place of a sworn affidavit.

If you are requesting that your appeal(s) be reinstated in order that the Board can accept Minutes of Settlement, you must attach the Minutes of Settlement document, that is fully executed as required under the Board's Rules of Practice and Procedure.

NOTE: If any PART of the form has not been fully completed, the request will be denied.

Documentation Required before submitting your request:

- A sworn affidavit setting out your evidence in support of your request has been attached to this Request Form;
- All parties have been copied on this request; and
- Where applicable, fully executed Minutes of Settlement are attached to the request.

Property Roll Number:

FOR INTERNAL USE ONLY

Staff Information:

DV directions to Staff:

Approved Denied Set to Motion

Signature: _____

Date & Time: _____