



File Number

Requesting Party's Information **Landlord** **Co-op** **Tenant** **Other Party**
(explain below)

First Name

Last Name

Mailing Address

Unit	City/Town	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number (Day)	Phone Number (Night)
<input type="text"/>	<input type="text"/>

Email address

UNIT COVERED BY THE APPLICATION

Street Number	Street Name
<input type="text"/>	<input type="text"/>

Street Type (Street, Avenue, Road etc.)	Direction	Unit/Apt/Suite
<input type="text"/>	<input type="text"/>	<input type="text"/>

City/Town	Province	Postal Code
<input type="text"/>	ON	<input type="text"/>

Responding Party's Information **Landlord(s)** **Tenant(s)** **Co-op Member**

First Name

Last Name

Mailing Address (if different from unit address)

Unit	City/Town	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number (Day)	Phone Number (Night)
<input type="text"/>	<input type="text"/>

Email address

If there is more than one other party, provide the names, addresses and telephone numbers and email addresses of the additional other parties on the Schedule of Parties form which is available from the Board's website at sjto.ca/LTB.

Under section 185 of the *Residential Tenancies Act, 2006*, the Landlord and Tenant Board has the right to collect the personal information requested on this form. We use the information to resolve your application. After you file the form, your information may also be available to the public. If you have questions about how the Board uses your personal information, contact one of our Customer Service Officers at **416-645-8080** or **1-888-332-3234 (toll free)**.

I AM REQUESTING AN URGENT HEARING BECAUSE:

There is an URGENT issue occurring at the residential complex that is seriously affecting my health or safety or the health or safety of others at the residential complex

There is an URGENT issue concerning an illegal act that occurred at the residential complex

I am requesting that the Board schedule my application for a hearing in an urgent manner. The details of my request are below. I understand that if I do not provide enough detail my request may get denied

Notes: Be sure to include details like: where the issue occurred, dates and times of the occurrences, whether or not the issue is ongoing and who caused the issue(s). Attach additional sheet if required. If the Board refuses your request, you may not make any further requests regarding the same issue unless circumstances have changed.

Signature (the placement of your name in this box constitutes your signature if you are unable to print and sign) Date (dd/mm/yyyy)

NAME (Include Representative Information if applicable) Company Name (if applicable) Law Society Number
Mailing Address Unit Number City/Town
Province Postal Code Phone Number
Email Address

For Board Use Only:

The request to schedule the hearing on an urgent basis is: granted denied

Reasons:
Member: Signature: Date: