

## **Tribunals Ontario**

## Notice of Mandatory Meeting to the ARB

(Disponible en français)

Assessment Review Board 15 Grosvenor Street, Ground Floor Toronto, ON M7A 2G6

Email: <u>arb.registrar@ontario.ca</u> Website: <u>tribunalsontario.ca/arb</u>

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 the Board as soon as possible.

Part 1: Appeal Information	SOE #:
Property Roll Number:	
Property Address:	
Appeal Number(s):	
Part 2: Mandatory Meeting Information	
Proceeding Type: Summary General L	egacy
Date of Mandatory Meeting (dd/mm/yyyy):	
Part 3: Outcome of Mandatory Meeting	
Please indicate whether the appeals are settled or not settled.	
Settled: How? Withdrawn MOS Submitted MOS Circulating (Rule 61)	ed
Not Settled	
Expert Reports (General SOEs only): Additional Exper	t Reports required *
Parties request the Board to conduct a Settlement Conference Reports	ence before they proceed to obtain additional Expert
* In order to obtain Additional Expert Reports in accordance was a completed and signed "Acknowledgement of Expert Duty Form Meeting Form due date. A Party cannot proceed to obtain a with this due date.	Form" no later than 10 days from the Mandatory
Part 4: Next Step	
The Board conducts all hearings electronically unless a party sthan an oral hearing is likely to cause the party significant prej <i>Powers Procedure Act</i> .	<del>_</del>
Summary Proceedings	
Parties would like to proceed to:  Full Hearing (½ day)	☐ Full Hearing (Full Day) *
Preferred format:	
* If requesting Full day, parties must provide reasons by of Directions Form.	ompleting and attaching Expedited Board

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

ARB006E 04/2024 © King's Printer for Ontario, 2024 Page 1 of 2

	· date range <i>(Please</i> eks <i>after evidence du</i>		either a	specifi	c agreed upoi	n date <b>OR</b> a d	date range – n	nust be no
	t	OR	from	-1-4		to -	date range (d	I al /raa raa /r m m m r
•	te (dd/mm/yyyy)			date	ange (aa/mm	/уууу)	date range (d	ia/mm/yyyy)
Preferred time:	9:30 am	1:30	pm					
General OR Leg	acy Proceedings							
Parties would like	•	, –	<b>.</b>					
	it Conference (½ day	′	Settler		onference (Fu			
Preferred format:	Telephone Cor	nference		Video	conference	Writte	en	
Preferred date or	date range (Please	indicate	either a	specifi	c agreed upoi	n date <b>OR</b> a d	date range)	
General (Mus	t be no later than <b>8 w</b>	<b>eeks</b> afte	er evide	nce du	e date):			
preferred da	te (dd/mm/yyyy)	OR	from	date	ange (dd/mm	/yyyy) to	date range (d	ld/mm/yyyy)
Legacy <i>(Must</i>	be no later than 4 we	<b>eeks</b> afte	r evider	nce due	e date):			
preferred da	te (dd/mm/yyyy)	OR	from	date i	range (dd/mm	/yyyy) to	date range (d	ld/mm/yyyy)
Preferred time:	9:30 am	1:30	pm					
* If requesting F Directions For	ull day, parties mus m.	st provid	e reaso	ns by	completing a	nd attaching	Expedited E	Board
Part 5: Informat	ion on Statements o	of Issues	and Re	espons	e			
Statement of Issu	ues served by:	Appella	ant		Other			
Did any Appellan	t not serve a Stateme	ent of Iss	ues?	Y	′es	No		
Party name:								
Statement of Res	sponse served by:	MP.	AC		/lunicipality	Other		
Did any Respond	lent not serve a State	ement of I	Respon	se?	Yes	☐ No		
Party name(s)	):							
Contact inforn	nation (email address	s):						
Part 6: All Partie	es Consent to the A	bove Info	ormatio	n				
Organization	Particip	oant Name	<b>)</b>		Consent	Oppose	No Position	No Response
MPAC								
Municipality								
Appellant								
Other								
Note: If any of the Notes/Supporting	e parties oppose the ng Information:	request, <sub>l</sub>	please i	indicate	e <u>who</u> and <u>wh</u> y	∠ in the Suppo	orting Informa	tion section.
Date submitted to	o the Board (dd/mm/y	уууу): _						
	Note: Pl	ease copy	all parti	es wher	submitting to	the Board.		

ARB006E 04/2024 Page 2 of 2