

**Tribunals Ontario** 

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.

## Instructions to Parties:

This form is for requesting to dismiss appeals heard by way of either summary, general or legacy proceedings because any Party to the appeal is in non-compliance with the Schedule of Events or the Board's *Rules of Practice and Procedure*.

A request to dismiss for failure to serve any document as required in the Schedule of Events may be filed with the Board no earlier than 30 days after the due date in the Schedule of Events. A request to dismiss for failure to comply with the Rules of Practice and Procedure may be filed with the Board at any time during the Schedule of Events process.

The Requesting Party must serve this request on all Parties to the appeal at the same time as they file the request with the Board. Any Party who opposes the request must serve on all other Parties, and file with the Board, a written response no later than 14 days from the date this form was served and filed with the Board.

Where no response is filed, the Board will proceed to issue a decision on the request without providing further procedural directions to the Parties.

Part 1: Appeal Information	SOE #:
Schedule of Event Stream: Summary	General Legacy
Property Roll Number:	
Property Address:	
Appeal Number(s):	
Part 2: Request to Dismiss	
	requests that the above-listed appeal(s) filed with the Board by
name of requesting party	
	(the "Appellant") be <b>dismissed</b> because the Appellant is in
name of appellant	
non-compliance with:	
Schedule of Events Rules of Practice	e and Procedure

## Part 3: Facts in Support of Request to Dismiss

In the case where a Party is in non-compliance with the Schedule of Events, please indicate which event and provide any additional details:

Schedule of Events Due Date (dd/mm/yyyy):

In the case where a Party is in non-compliance with the Board's Rules of Practice and Procedure, please indicate the specific rule(s):

I,	, hereby certify that the above information is true and correct to the
best of my knowledge, and that the	he Appellant has not yet served the
on the other parties <b>OR</b>	
I have copied all parties on this re	equest.
Signature:	
Date (dd/mm/yyyy):	

FOR INTERNAL USE ONLY				
Request for Dismissal Approved:	Yes	No No	(Set to Motion)	
DV Instructions to staff:				

Signature:

Date & Time: