



Tribunals Ontario

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

Summons Request Form

(Disponible en français)

INSTRUCTIONS:

- Send this completed form to the Board at ARB.Registrar@ontario.ca.
- You must serve a summons to a witness at least 10 days before the time of attendance.
- Please ensure your summons request form is filed with Board well in advance of the hearing so it can be processed and issued before the hearing date.
- A form must be completed for each person you are requesting approval to summons.
- If your request is approved, you will be provided with a summons and instructions for service.
- Please refer to Rules 51-55 of the Board's Rules of Practice and Procedure for more information.
- If the Board is not satisfied with the information provided, the summons may not be approved.

Part 1: Requestor Information

First name	Last name
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Company Name or Association Name (if applicable)

Mailing Address

Unit number	Street number	Street name
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City	Province	Postal code	Country (if not Canada)
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Daytime telephone number	Alternate telephone number	Fax number
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Email address

Part 2: Appeal/Application Information

Roll number (19-digit number on Property Assessment Notice)

Taxation Year(s)

Appeal/Application Number(s)

Hearing Number	Hearing Location
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Property Address

Part 3: Witness Information

First name		Last name		
Company Name or Association Name (if applicable)				
Mailing Address				
Unit number	Street number	Street name		
City	Province	Postal code	Country (if not Canada)	
Daytime telephone number		Alternate telephone number		Fax number
Email address				

Part 4: Reasons for Requesting this Witness

What relevant information will this witness provide at the hearing? Attach a separate sheet if more space is required.

Part 5: Signature and Date of Submission

Signature	Date sent to ARB (dd/mm/yyyy)
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ARB Office Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Request further information
_____ By _____ Date (dd/mm/yyyy)	_____ By _____ Date (dd/mm/yyyy)