

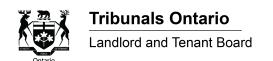
File Number of application to be re-opened:

Part 1: General Inf	ormation							
Requester's Inform First Name	ation	Landlord	d Со-ор	Tenant	Co-op l	Member	Other Pa	arty
Last Name								
Mailing Address								
Unit/Apt./Suite	Municipality (City	, Town, etc.)			Pro	v. Po	ostal Code	
Day Phone Number		Evening Phone	e Number		Fax Number			
()	-	()	-	()	-	
Rental Unit or Co-o Street Number	p Member Uni Street Name		by this Req	uest				
Street Type (e.g. Street,	Avenue, Road)	Directio	on (e.g. East)	Unit/A	.pt./Suite			
Municipality (City, Town	, etc.)				Pr	ov. F	Postal Code	
Other Parties to the First Name	Application	Landlord	d Со-ор	Tenant	Co-op I	Member	Other Pa	 arty
Last Name								
Mailing Address								
Unit/Apt./Suite	Municipality (City	, Town, etc.)			Pro	v. Po	ostal Code	
Day Phone Number		Evening Phone	e Number		Fax Number			
()	-	()	-	()	-	
If there is more than (including the unit nu				of Parties for	n with their	names	and addresse	? S
Related Application	<u>s</u>							
List the file numbers	of any other ap	-		hat relate to	the same re	ental un	it.	
File Number 1		F	ile Number 2					

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Part 2: Reasons for Re-Opening your Application
The application for the above address was resolved by (choose one of the following):
a mediated agreement that was reached with the assistance of a Board Mediator,
a consent order for a repayment plan, issued under section 206 of the Residential Tenancies Act, 2006.
I am requesting that the application be re-opened because (choose one of the following):
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
2. the other party forced me to enter into the agreement or gave me false or misleading information on purpose that had a material effect on the mediated agreement or the consent order, or
3. the party making the request lacked the capacity to enter into the mediated agreement.
Explanation of Reason
If you chose reason #1, state specifically which terms of the agreement were not met and how they were not met. If you chose reason #2 or reason #3, explain what happened or why you chose this reason.

Pai	rt 3: Signature								
Sig	nature I Name	Requester	Repr	esentat	tive	Other			
Las	t Name								
Pho	ne Number								
() -								
Sig	nature			Date	(dd/mm/	/уууу)			
Re	presentative Informa	ation (if applic	cable)						
Naı	me			LSUC#	ŧ	Company Na	ame (if a	pplicable)	
Ма	iling Address						Phone	Number	
Mu	Municipality (City, Town, etc.)			Postal Code		Fax Number			
Im 1.	portant Information A request to reopen a one year of the date The person who make	n application t the agreemen	it was sig	gned. T	he requ	iest can be f	filed by	any party to	
2.	A request to reopen a made no later than 30 the tenant's failure the date the order them.	0 days after: to meet a ter	m of the	order,	or				
3.	When a party files thi of Hearing.	s request with	the LTB	, the LT	B will s	schedule a h	earing	and give the	parties a Notice
4.	It is an offence under Landlord and Tenant		al Tenano	cies Act	t, 2006	to file false	or misl	eading inform	nation with the
5.	For further informatio 1-888-332-3234 . O								O or toll-free at
of the tribute Rec	Landlord and Tenant Board te Residential Tenancies Act, anal decision, order or other of ords Act, 2019. Parties wanti have questions about confidentials 16-645-8080 or 1-888-332-32	, 2006. After you fidocument, in according records or inforentiality orders or a	ile the form rdance with rmation to	i, all infori n Tribunal remain co	mation re ls Ontario onfidentia	elated to the pro o's <u>Access to R</u> al must seek a c	oceeding <u>ecords P</u> confidenti	may become pub olicy and the <i>Trib</i> iality order from t	olicly available in a bunal Adjudicative he adjudicator. If
OF	FICE USE ONLY:	File	Number						
Deli	very Method: In Person	Mail Co	ourier	Email	Efile	Fax FL			



Request for French-Language Services or Request for Accommodation

(Disponible en français)

Use this form to ask the Landlord and Tenant Board (LTB) to provide French-language services or to let the LTB know you need accommodation under the Ontario *Human Rights Code*.

Part 1: Request for French-Language Services
Check this box if you want the dispute resolution process (e.g. case conferences and hearings) to be conducted in French.
Part 2: Request for Accommodation under the Ontario Human Rights Code
Check this box if you need accommodation under the Ontario <i>Human Rights Code</i> to participate in the dispute resolution process. The LTB will provide accommodation for <i>Code</i> related needs to help you throughout the application and hearing process in accordance with the Tribunals Ontario policy on accessibility and accommodation. You can get a copy of the policy at tribunalsontario.ca .
Please explain: What accommodation do you need?