



File Number

**Requester's Information**

☐ Landlord ☐ Co-op ☐ Tenant ☐ Co-op Member ☐ Other

First Name

Last Name

Mailing Address

Unit/Apt./Suite

Municipality (City, Town, etc.)

Prov.

Postal Code

Day Phone Number

Evening Phone Number

Fax Number

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**Unit, Building or Complex Covered by this Application**

Street Number

Street Name

Street Type (e.g. Street, Avenue, Road)

Direction (e.g. East)

Unit/Apt./Suite

Municipality (City, Town, etc.)

Prov.

Postal Code

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**Information about the Hearing**

Hearing Date

/ /  
dd/mm/yyyy

Hearing Time

:  
hr min am pm

Location

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**Part 1: Witness to be Summoned to Attend the Hearing**

First Name

Last Name

Mailing Address

Unit/Apt./Suite

Municipality (City, Town, etc.)

Prov.

Postal Code

Day Phone Number

Evening Phone Number

Fax Number

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The Landlord and Tenant Board has the right to collect the information requested on this form to resolve your application under section 185 of the *Residential Tenancies Act, 2006*. After you file the form, all information related to the proceeding may become publicly available in a tribunal decision, order or other document, in accordance with Tribunals Ontario's [Access to Records Policy](#) and the *Tribunal Adjudicative Records Act, 2019*. Parties wanting records or information to remain confidential must seek a confidentiality order from the adjudicator. If you have questions about confidentiality orders or access to records, please contact us by email at [LTB@ontario.ca](mailto:LTB@ontario.ca) or our Contact Center at **416-645-8080** or **1-888-332-3234** (toll free).



Explain how the witness is connected to the case.

Give a general description of the evidence the witness will provide at the hearing and explain why this evidence is relevant and necessary to resolve the application.

Part 2: Documents Witness Must Bring to the Hearing

Name of Document	Reason Document is Required

**Signature** ☐ Requester ☐ Representative ☐ Other

First Name

Last Name

Day Phone Number LSUC #  
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**Important:** If you are a lawyer or paralegal, you must also attach a completed [Summons](#).

Signature	Date (dd/mm/yyyy)
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If the LTB approves your request and issues a summons, indicate how the LTB should provide the signed summons to you. The LTB will not serve the summons for you.

- ☐ Pick up at LTB office
- ☐ Mail to requester's address (*on the first page*)
- ☐ Email to requester at this email address: \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	
Delivery Method: <input type="radio"/> In Person <input type="radio"/> Mail <input type="radio"/> Courier <input type="radio"/> Email <input type="radio"/> Efile	MS <input type="checkbox"/> FL <input type="checkbox"/>