

File Number

Address of Rental Unit:		
Unit /Apt. /Suite:	Street Address:	
Municipality (City, Town, etc):		Postal Code:
Т.	, certify that on	/ /
I gave a copy of the following d		dd/mm/yyyy
Notice of Termination Form #		Set Aside an Ex Parte Order
Application Form #	 Request t	o Review an Order
Notice of Hearing	 □ Other	
to the following person(s):	<u> </u>	(insert name of document)
the tenant	() the landlord	○ other
	e name of the person you gave the documen	
_	party to the same application, on the	
(If you shade this circle, attach	a list of the names and addresses o	f the people you served.)
by the following method of serv	vice:	
handing the document(s) to the	person(s).	
handing the document(s) to an authorized employee of the landlord.		
handing the document(s) to an adult person in the tenant's rental unit.		
leaving the document(s) in the mailbox, or place where mail is normally delivered.		
 placing the document(s) under the door of the rental unit or through a mail slot in the door. 		
sending the document(s) by courier to the person(s).		
sending the document(s) by fax	-	
sending the document(s) by ma	il or Xpresspost to the last known a	ddress or the person(s), at:
a different method of service (p	rovide details)	
	,	
Notes:		
	operly served by posting it to the door o	f the rental unit is a notice of intent to enter
	7 of the <i>Residential Tenancies Act, 200</i> 6	
pursuant to the Landlord and Tena		,
	<i>ial Tenancies Act, 2006</i> to file false or m	nisleading information with the Landlord and
Tenant Board.		
Signature	Tenant Representative	Other
First Name		
Last Name		
Phone Number		v. 22/03/2021
-		
Signature (the person who served the documents	must sign the form) Date (dd/mm/yyyy)	
OFFICE USE ONLY:		
Delivery Method: O In Person Mail	Courier Email Efile Fax	FL