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Party's Name and Address

Tenant Co-op Member Landlord Co-op Subtenant Superintendent Landlord's Agent

Last Name

Street 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 or our Contact Center at **416-645-8080** or **1-888-332-3234** (toll free).

OFFICE USE ONLY

File Number