



Tribunals Ontario

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

Third Party Appeal Proceeding ONLY – Request to Apply Minutes of Settlement

(Disponible en français)

We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact the Board as soon as possible.

Note: If this form is not fully completed the Board will not review your request.

Instructions to Parties:

A "Third Party Appeal Proceeding" is an appeal filed pursuant to s.40(1) of the *Assessment Act* where the appeal concerns the assessment of another person.

The Appellant in a Third Party Appeal Proceeding must use this form where:

1. The Appellant has served the assessed person with its Notice of Appeal in compliance with s.40(9) of the *Assessment Act*;
2. The assessed person has not responded to the Notice of Appeal, or otherwise communicated with the Appellant or any other party respecting the Third Party Appeal Proceeding. This includes failing to serve a Statement of Response by the required due date in the Schedule of Events for the Third Party Appeal Proceeding; and
3. The Parties, other than the assessed person, have reached an agreement regarding settlement of the Third Party Appeal Proceeding, and request that the Board issue a final decision in accordance with their agreement.

Date Request Submitted to the Board (dd/mm/yyyy): _____

Party who is submitting this request:

Part 1: Appeal Information

SOE #: _____

Schedule of Event Stream: Summary General

Property Roll Number:

Property Address:

Appeal Number(s):

Taxation Year(s):

Name of Appellant:

Name of Assessed Person and contact information (including email address):

Part 2: Required Information (attach)

- Sworn Affidavit Evidence
- Contact Information for the Assessed Person(s) other than listed above (includes all mailing addresses, property addresses, c/o addresses, email addresses)
- Date the Minutes of Settlement was sent to the Assessed Person(s):
(dd/mm/yyyy) : _____
- Attach copies of any emails, mailouts, any other documentation that show delivery of these minutes of settlement to the assessed person(s) that support your request

Part 3: Parties' Position to the Request

Organization	Participant Name	Consent	Oppose	No Position	No Response
<input type="checkbox"/> MPAC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Municipality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Appellant		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If any of the parties oppose the request, please indicate who and why in the Supporting Information section.

Notes/Supporting Information:

NOTE: The Board will not accept your request if this section is not completed.

Part 4: Summary of Facts

In support of your request, please provide a brief summary of the relevant background information and state each party's position.

Filed by:

Organization	Participant Name
<input type="checkbox"/> MPAC	
<input type="checkbox"/> Municipality	
<input type="checkbox"/> Appellant	
<input type="checkbox"/> Other	

Signature: _____

Date (dd/mm/yyyy): _____

NOTICE:

This completed form and attached affidavit must be served on all other parties and filed with the Board along with the executed Minutes of Settlement. Any Party who opposes this Written Hearing must serve on all other Parties, and file with the Board, a written statement confirming the party's position, no later than 14 days from the date this form was served. If no party provides a written opposition to this request by this date, the Board will proceed to adjudicate this request and a decision will be provided to the parties.

FOR INTERNAL USE ONLY

Approved

Denied

Signature: _____

Date & Time: _____