(Disponible en français)

*We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 005. If you have any accessibility needs, please contact the Board.*

**Part 1: Request**

Requesting Party:

Date Submitted:

Current hearing format:  Telephone Conference  Written  Video Conference

Requested hearing format:  Telephone Conference  Written  Video Conference  In-person

PARTIES’ POSITION

Requesting Party confirms that it has contacted all other parties asking them to advise of their position on this Request

**Organization: Participant Name**

Consent Oppose No Position No Response

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

MPAC:

Municipality:

Assessed Person:

Other Party:

**Part 2: Hearing Information**

Roll Number(s):

Appeal Number(s):

Proceeding type:  Summary  General

Hearing Number:

Hearing Date & Time:

Hearing Location (in-person only):

**Part 3: Submissions in support of Request**

Please select one of the following reasons for requesting the change in hearing format:

Procedural Fairness/Prejudice (as set out in section 5.2(2) of the[*Statutory Powers Procedure Act*](https://www.ontario.ca/laws/statute/90s22#BK16)), which states:

The tribunal shall not hold an electronic hearing if a party satisfies the tribunal that holding an electronic rather than an oral hearing is likely to cause the party significant prejudice.

Hearing Format accommodation under the Ontario’s [*Human Rights Code*](https://www.ontario.ca/laws/statute/90h19)

Please provide your specific submissions in support of your Request:

|  |
| --- |
|  |

**FOR INTERNAL USE ONLY:**

DV Name: Request Approved:  Yes  No

Decision/Reasons:

Signature:

Date & Time: