



## Accommodation – Request to Change Hearing Format

*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**

- MPAC:
- Municipality:
- Assessed Person:
- Other Party:

Consent	Oppose	No Position	No Response
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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.*

### 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

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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](#)), 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](#)

Please provide your specific submissions in support of your Request:



Tribunals Ontario – Assessment Review Board

## Accommodation – Request to Change Hearing Format

Assessment Review Board, 15 Grosvenor Street, Ground Floor, Toronto, Ontario M7A 2G6

Website: [www.tribunalsontario.ca/arb/](http://www.tribunalsontario.ca/arb/) E-mail: [arb.registrar@ontario.ca](mailto:arb.registrar@ontario.ca)

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### FOR INTERNAL USE ONLY:

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DV Name:

Request Approved:  Yes  No

Decision/Reasons:

Signature:

Date & Time: