



File Number of application to be re-opened:

Part 1: General Information

Requester's Information

Landlord Co-op Tenant Co-op Member Other Party

First Name

Last Name

Mailing Address

Unit/Apt./Suite Municipality (City, Town, etc.) Prov. Postal Code

Day Phone Number Evening Phone Number Fax Number
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Rental Unit or Co-op Member Unit Covered by this Request

Street Number Street Name

Street Type (e.g. Street, Avenue, Road) Direction (e.g. East) Unit/Apt./Suite

Municipality (City, Town, etc.) Prov. Postal Code

Other Parties to the Application

Landlord Co-op Tenant Co-op Member Other Party

First Name

Last Name

Mailing Address

Unit/Apt./Suite Municipality (City, Town, etc.) Prov. Postal Code

Day Phone Number Evening Phone Number Fax Number
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If there is more than one other party, complete a Schedule of Parties form with their names and addresses (including the unit numbers) and file it with the application.

Related Applications

List the file numbers of any other applications to the Board that relate to the same rental unit.

File Number 1

File Number 2

Part 2: Reasons for Re-Opening your Application

The application for the above address was resolved by (*choose one of the following*):

- a mediated agreement that was reached with the assistance of a Board Mediator,
- a consent order for a repayment plan, issued under section 206 of the *Residential Tenancies Act, 2006*.

I am requesting that the application be re-opened because (*choose one of the following*):

- 1. the other party did not meet a term of the mediated agreement or the consent order, or
- 2. the other party forced me to enter into the agreement or gave me false or misleading information on purpose that had a material effect on the mediated agreement or the consent order, or
- 3. the party making the request lacked the capacity to enter into the mediated agreement.

Explanation of Reason

If you chose reason #1, state specifically which terms of the agreement were not met and how they were not met. If you chose reason #2 or reason #3, explain what happened or why you chose this reason.

Attach additional sheets if necessary.

Part 3: Signature

Signature Requester Representative Other

First Name

Last Name

Phone Number

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Signature	Date (dd/mm/yyyy)
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Representative Information (if applicable)

Name	LSUC #	Company Name (if applicable)	
Mailing Address			Phone Number
Municipality (City, Town, etc.)	Province	Postal Code	Fax Number

Important Information:

1. A request to reopen an application that was resolved by a **mediated agreement** must be made within **one year** of the date the agreement was signed. The request can be filed by any party to the agreement. The person who makes the request must attach a copy of the mediated agreement.
2. A request to reopen an application that was resolved by a **consent order** under section 206 must be made no later than **30 days** after:
 - the tenant's failure to meet a term of the order, or
 - the date the order was made, on the basis that the other party coerced them or deliberately misled them.
3. When a party files this request with the LTB, the LTB will schedule a hearing and give the parties a Notice of Hearing.
4. It is an offence under the *Residential Tenancies Act, 2006* to file false or misleading information with the Landlord and Tenant Board.
5. For further information, you may contact the Landlord and Tenant Board at **416-645-8080** or toll-free at **1-888-332-3234**. Or you may visit the LTB's website at tribunalsontario.ca/ltb.

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
Delivery Method: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Courier <input type="checkbox"/> Email <input type="checkbox"/> Efile <input type="checkbox"/> Fax FL	

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Use this form to ask the Landlord and Tenant Board (LTB) to provide French-language services or to let the LTB know you need accommodation under the Ontario *Human Rights Code*.

Part 1: Request for French-Language Services

- Check this box if you want the dispute resolution process (e.g. case conferences and hearings) to be conducted in French.

Part 2: Request for Accommodation under the Ontario *Human Rights Code*

- Check this box if you need accommodation under the Ontario *Human Rights Code* to participate in the dispute resolution process. The LTB will provide accommodation for *Code* related needs to help you throughout the application and hearing process in accordance with the Tribunals Ontario policy on accessibility and accommodation. You can get a copy of the policy at tribunalsontario.ca.

Please explain: What accommodation do you need?