



File Number

Requester's Information

Landlord Co-op Tenant Co-op Member Other

First Name

Last Name

Mailing Address

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

Day Phone Number Evening Phone Number Fax Number

Unit, Building or Complex Covered by this Application

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

Information about the Hearing

Hearing Date / / Hearing Time hr min am pm

Location

Part 1: Witness to be Summoned to Attend the Hearing

First Name

Last Name

Mailing Address

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

Day Phone Number Evening Phone Number Fax Number

Under section 185 of the Residential Tenancies Act, 2006, the Landlord and Tenant Board has the right to collect the personal information requested on this form. We use the information to resolve your application. After you file the form, your information may also be available to the public. If you have questions about how the Board uses your personal information, contact one of our Customer Service Officers at 416-645-8080 or 1-888-332-3234 (toll free).



Explain how the witness is connected to the case.

Give a general description of the evidence the witness will provide at the hearing and explain why this evidence is relevant and necessary to resolve the application.

Part 2: Documents Witness Must Bring to the Hearing

| Name of Document | Reason Document is Required |
|------------------|-----------------------------|
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| | |

Signature

Requester
 Representative
 Other

First Name

Last Name

Day Phone Number

LSUC #

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Important: If you are a lawyer or paralegal, you must also attach a completed [Summons](#).

| | |
|-----------|-------------------|
| Signature | Date (dd/mm/yyyy) |
|-----------|-------------------|

If the LTB approves your request and issues a summons, indicate how the LTB should provide the signed summons to you. The LTB will not serve the summons for you.

- Pick up at LTB office
- Mail to requester's address (*on the first page*)
- Email to requester at this email address: _____

| | |
|-------------------------|---|
| OFFICE USE ONLY: | |
| Delivery Method: | <input type="radio"/> In Person <input type="radio"/> Mail <input type="radio"/> Courier <input type="radio"/> Email <input type="radio"/> Efile <input type="radio"/> Fax MS <input type="checkbox"/> FL <input type="checkbox"/> |