



Print or type in uppercase.

Party's Name and Address

Tenant **Landlord** **Subtenant** **Superintendent** **Landlord's Agent**

First Name

Last Name

Street Address

Unit/Apt./Suite

Municipality (City, Town, etc.)

Prov.

Postal Code

Day Phone Number

Evening Phone Number

Fax Number

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Important: If you are a tenant, then you must also sign this part of the form.

Signature:

Tenant

Representative

Date

/ /
 dd/mm/yyyy

If you are a representative signing on behalf of a tenant, then you should attach a sheet to this form which includes your name, mailing address, phone number, fax number and e-mail address.

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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)**.

OFFICE USE ONLY:	File Number
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 FL 	