



Print or type in uppercase.

Party's Name and Address

Radio buttons for Tenant, Co-op Member, Landlord, Co-op, 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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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

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