

**Ontario Land Tribunal**

655 Bay Street, Suite 1500, Toronto, ON M5G 1E5

Tel: 416 212-6349 | 1 866 448-2248

Web Site: olt.gov.on.ca

**Certified Decision Request Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Instructions:**   * Complete one Form for each set of Decision you are requesting. * A fee of $20 is required for each copy of a Decision you are requesting. * The fee can be paid by certified cheque or money order, in Canadian funds, payable to the Minister of Finance. * Do not send cash. You may only pay by cash in person. | | | | | | | | | | | | | | | | | | | | | | | |  | **Date Stamp - Received by OLT** | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Decision Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OLT Case and/or File Number: | | | | | | | | | | | Decision Number: | | | | | | | | | Decision Issue Date: | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |
| Address and/or Legal Description of Property on Decision: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Municipality: | | | | | | | | | | | | | | | | Region: | | | | | | | | | | | | | |
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| **Requester Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name: | | | | | | | | | | | | | | | First Name: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Company Name or Association Name (Association must be incorporated – include copy of letter of incorporation): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daytime Telephone Number: | | | | | | | | | | | | | | Alternative Telephone Number: | | | | | | | | | | | | | | | |
|  | | | | Ext. | | | |  | | | | | |  | | | | | | | | | | | | | | | |
| **Mailing Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit Number: | | Street Number: | | | | | | | | | | | | Street Name: | | | | | | | | | | | | | | P.O. Box | |
|  | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |  | |
| City/Town: | | | | | | | | | | Province: | | | | | | | | | | | | Country: | | | | Postal Code: | | | |
|  | | | | | | | | | |  | | | | | | | | | | | |  | | | |  | | | |
| **Required Fee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee = $20.00 x |  | | | | Copies = | | | | | | Total Fee Submitted $ | | | | | | | |  | |  | | | | | | | | |
| Payment Method | | |  | | | Certified Cheque | | | | | |  | Money Order | | | | | | |  | Lawyer’s general or trust account cheque | | | | | | | | |
|  | | |  | | | Credit Card | | | | | |  | Cash (In Person Only) | | | | | | | | | | | | | | | | |
| If you wish to pay the fee(s) by credit card, please check the box above and OLT staff will contact you by telephone to complete the payment process upon receipt of the form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Special Instructions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request Received by: | | | | | | |  | | | | | | | | | | Date Request Received: (dd/mm/yyyy) | | | | | | | | | | | |  |
| Fee Received: | $ | | | | | | | | Date Mailed: (dd/mm/yyyy) | | | | | | | | |  | | | | | Processed By: | | | |  | | |