

Regional Assessment Review Board

- Adjournment**
 New Hearing Date/Time
 Abridgement or Expansion of Time - Disclosure
 Postponement
 Preliminary Hearing
 Other (please specify): _____

Property Under Complaint			
Owner Last Name		Owner First Name	
Roll No.		Property Address:	
Date of Scheduled Hearing:	Residential Phone #	Fax #	Email Address

Person Requesting Change to Hearing			
Last Name		First Name	
Street Address		City/Town/Village	Province
Postal Code			
Business Phone #	Residential Phone #	Fax #	Email Address

Capacity to Act (please check one)			
<input type="checkbox"/> Complainant	<input type="checkbox"/> Agent for Complainant	<input type="checkbox"/> Respondent Municipality	<input type="checkbox"/> Other

You must provide reasons to support your request: _____

(You may attach additional supporting documents)

Do you agree that your request be decided on the basis of the information provided on this form? Yes No

If no, please be advised that you will be required to attend a hearing to speak to your request.

Please indicate any date(s) you are **NOT** available should your request be granted: _____

Print Name	Signature	Date:	YYYY	MM	DD
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(see over)

Respondent to Change Request				
Last Name		First Name		
Street Address		City/Town/Village	Province	Postal Code
Business Phone #	Fax #		Email Address	

Please indicate your response to the request. If you do not support the request please provide reasons to support your position (attach copies of supporting documents).

(You may attach additional supporting documents)

Do you agree that your request be decided on the basis of the information provided on this form? Yes No
If no, please be advised that you will be required to attend a hearing to speak to your request.

Please indicate any date(s) you are **NOT** available should your request be granted: _____

Print Name	Signature	Date:	YYYY	MM	DD
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OFFICE USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Other (i.e. hearing by teleconference or written submission)
Reasons/Consultation:		

Date Parties notified of decision:	YYYY	MM	DD
Print Name	Position	Signature	Date: YYYY MM DD