



Applicant/Operator Information Form 6

MTHLT Case File Number

If you are an applicant/operator who has a referral hearing before the tribunal, you may use this form to provide your current contact, representative, and accessibility information.

The information provided on this form and any associated documents is considered an adjudicative record under Municipal Freedom of Information and Protection of Privacy Act, section 27 and is accessible to the public. This means that the form, in its entirety, may be available to the general public on request along with any evidence or other materials you provide for consideration at the hearing and anything else you provide to the MTHLT. A copy of this completed form may be posted as part of the MTHLT agenda on the City’s public website. Please keep this in mind when submitting personal information such as names and addresses to the Tribunal.

For inquiries about this collection or information submitted to the MTHLT, please contact the Tribunal Operations Manager at 416-392-5546. For questions about the form or processes, contact the MTHLT general line by telephone at 416-338-7606.

If you would like accessibility supports, accommodation and/or a different format, please contact the Accessibility Coordinator at 416-338-7606.

Part 1: Applicant/Operator Information			
First Name		Last Name	
<input type="checkbox"/> Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your single name.			
Single Name			
Corporation Name or Association Name (Association must be incorporated), if applicable			
Position Title (if applicable)		Email	
Street Number	Street Name		Suite/Unit Number
City/Town		Province	Postal Code
Telephone Number			

Part 2: Representative Information (if applicable)	
I hereby authorize the named corporation and/or individual to represent me:	
First Name	Last Name

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Part 2: Representative Information (if applicable) (Continued)

Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your single name.

Single Name

Corporation Name or Association Name (Association must be incorporated), if applicable

Position Title (if applicable)

Email

Street Number

Street Name

Suite/Unit Number

City/Town

Province

Postal Code

Telephone Number

I certify that I have authority to act as a representative with respect to this appeal on behalf of the appellant and I understand that I may be asked to produce this authorization at any time.

Part 3: Multi-Tenant House Information

Street Number

Street Name

City/Town

Postal Code

Application or Licence Number

Part 4: Accessibility Accommodation Request (if applicable)

If you require an accommodation to participate in the appeal process, please indicate your needs.

I require the following accommodations due to a disability or accessibility needs:

Interpreter services in _____ language.

Other (please specify): _____

Please provide any additional information or requests related to your accommodation needs:

We adhere to the Accessibility for Ontarians with Disabilities Act, 2005. For accessibility needs, contact our Accessibility Coordinator by calling 416-338-7606 or email at tribunalaccess@toronto.ca.

Part 5: Authorized Signature

Applicant/Operator or Representative Name
(First, Last or Single)

Applicant/Operator or Representative
Signature

Date (yyyy-mm-dd)

NOTE: If authorization changes, you must notify MTHLT immediately.