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| <b>MTHLT Case File Number</b> |
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This form may be used by a party to request a motion for a matter before the Multi-Tenant House Licensing Tribunal (MTHLT).

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.

| <b>Part 1: Motion Hearing Information</b>   |                                     |   |
|---|-------------------------------------|---|
| <b>Motion Hearing Format:</b>   |                                     |   |
| <input type="checkbox"/> Remote   | <input type="checkbox"/> In Person  | <input type="checkbox"/> Written        |
| Motion Hearing Date (yyyy-mm-dd)  | Motion Hearing Time (if applicable) | Motion Hearing Location (if applicable) |
| <b>Note:</b> Contact the Tribunal office to set a motion for a date different from your scheduled hearing. Provide a motion summary to facilitate scheduling before serving the Notice of Motion. |                                     |   |

| <b>Part 2: Moving Party Information</b>   |             |                   |
|---|-------------|-------------------|
| 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       | Telephone Number  |
| Street Number   | Street Name | Suite/Unit Number |
| City/Town   | Province    | Postal Code       |

# Notice of Motion Form 4

## Part 3: Motion Order as follows

State the specific relief requested using numbered paragraphs.

## Part 4: List of Documentary Evidence to be used in the motion

List the documentary evidence to be relied upon.

## Part 5: On the grounds that

State the reasons and grounds to be argued, including a reference to any materials filed, using numbered paragraphs.

## Part 6: Authorized Signature

A copy of this Notice of Motion has been served to the other party at least ten days in advance of the motion hearing date.

Yes

No

I confirm that all the statements and the information provided, as well as any supporting documents, are true, correct and complete.

Moving Party or Representative Name (First, Last or Single)

Moving Party or Representative Signature

Date (yyyy-mm-dd)