

FORM DIRECTIONS: If you are accessing this form from the B.C. Government Web site, it can be filled out at the computer workstation. It can also be printed and completed by hand. If completing sections by hand, please *print clearly, using dark ink*. If you are completing this form at a computer, simply type in your response where required. It's important to note that you **cannot save** the completed form to your computer, therefore, after you complete the form, make sure you review the form for accuracy and print the number of copies you require **before** you leave the document or shut down the program/computer.

ARBITRATION FILE #: _____

Full Legal Name(s) of Original Applicant(s): (if entry is a business name, use 'last name' field box to enter the full legal business name)

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|--|--|--|
| | | |
|--|--|--|

last name

first name

middle name(s)

| | | |
|--|--|--|
| | | |
|--|--|--|

last name

first name

middle name(s)

Full Legal Name(s) of Original Respondent(s): (if entry is a business name, use 'last name' field box to enter the full legal business name)

| | | |
|--|--|--|
| | | |
|--|--|--|

last name

first name

middle name(s)

| | | |
|--|--|--|
| | | |
|--|--|--|

last name

first name

middle name(s)

Dispute Address: (this is the dispute address recorded in original *Application for Arbitration*)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

suite or site number

street number

street name

city

province postal code

REQUEST – to be completed by client requesting the return of originals:

1. This is my request, as Applicant Respondent Agent for Applicant* Agent for Respondent*

[*If you are an agent for the applicant or respondent, attach authorization. (Check here if attached)]

... on arbitration file #

for return of the following originals submitted by me, or on my behalf: tapes photos documents

2. I received the Arbitrator's decision on this case on

| | | |
|--|--|--|
| | | |
|--|--|--|

day

month

year

at the hearing by hand by mail by pick-up at the hearing office

Signature of Applicant for return of originals: _____ Signature Date: _____

NOTE: Court Orders are required to reverse Arbitrator's requirements for retention of originals on file after all Arbitrator and Arbitrator Review decisions have been rendered.

MAIL COMPLETED FORM to the nearest Residential Tenancy Office. Call number below for address.

RESPONSE/APPROVAL – to be completed by Ministry staff:

Yes, Release

Do Not Release – Arbitrator requires retention of requested item(s) on file

Arbitration Review Application deadline has not been reached. Re-apply after (dd/mm/yy): _____

Staff Signature: _____