

Housing Department

Application to Review Arbitrator's Decision or Order

#RTO - 2

FORM DIRECTIONS: If you are accessing this agreement from the B.C. Government Web site, it can be filled out at a 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 in the boxes. If you cannot complete all the sections at the computer right away, you can print off what you have completed, and fill in the remaining fields by hand. 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.

Notes:

This information is collected under the Residential Tenancy Act ("RTA") and the Manufactured Home Park Tenancy Act ("MHPTA"). Information collected on this form may be disclosed to the public in accordance with the Freedom of Information and Protection of Privacy Act and will be used to process your application for review of the decision or order of an arbitrator. If you have any questions about the collection and use of this information, please contact the **Residential Tenancy Office (RTO).**

IMPORTANT: The RTA and the MHPTA allows, but does not require you to be represented by a lawyer or agent.

This form is to be used by either a Landlord or Tenant to request a review of an Arbitrator's Decision or Order.

| an name(e) of Apprount | (C). In only for randiologies a publicess fialli | e, use the 'last name' field box to enter the full legal busines: | is riall |
|---|---|---|----------|
| ast name | first name | middle name(s) | |
| | | | |
| ast name | first name | middle name(s) | |
| Address of Applicant(s) | current address for service of documen | ts): | |
| | | | |
| suite or site number street numb | er street name | city province postal code | 9 |
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|) | | | |
| | business phone fother party(s) to the arbitration): ent(s): (if entry for landlord is a business na | service fax (check one box) Tenant Lan me, use the 'last name' field box to enter the full legal business n | |
| RESPONDENT(S) (Full name(s) of Responde | other party(s) to the arbitration): ent(s): (if entry for landlord is a business na | (check one box) Tenant Lan | |
| RESPONDENT(S) | other party(s) to the arbitration): | (check one box) 🗍 Tenant 📋 Lan | |
| RESPONDENT(S) (Full name(s) of Responde | other party(s) to the arbitration): ent(s): (if entry for landlord is a business na | (check one box) Tenant Lan | |
| RESPONDENT(S) (Full name(s) of Respondents name | first name | (check one box) Tenant Lan me, use the 'last name' field box to enter the full legal business re middle name(s) middle name(s) | |
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| C. | DECISION or ORDER TO BE REVIEWED Complete one application form for each arbitrator's decision or order you wish to have reviewed. Attach a copy of the applicable decision or order to this completed application form. | | | | | | | | | |
|----|--|--|---|----------------------------|---|-----------------------|-----------------------------|------------------------------|----------------|--|
| | Residential Tenancy Office File No. (see decision letter): | | | | | | | | | |
| | Hearing Date: | | | | | | | | | |
| | | | | day | month | | year | | | |
| | Decision or O | rder Date: | | day | month | | year | | | |
| | Date You Rece | eived Decision o | or Order: | | | | | | | |
| | | | | day | month | | year | | | |
| | Address Unde | er Dispute: | 1 | | | | | | | |
| | | | | | | | | B.C. | | |
| | suite or site number | er street number | street nam | е | | city | | provinc | e postal code | |
| | notice to end more than 1 any other pa If you are filing the following: I am request | days after the day of a tenancy agree 5 days after the days after the day of the RTA or the 1 this application ing an extension of on or reasons you | ement, reparate you recome MHPTA. beyond the firme to ma | airs or meive the etime al | aintenance decision or lowed by the application: | , or serv order, v | vices or fac vhere the c | cilities. decision or ord | ler relates to | |
| | 2. How many d | ays have passed s | since you re | ceived a | copy of the | e arbitra | tor's decis | sion or order? | | |
| | Z. HOW ITIATIY O | ays nave passed s | mice you re | ceived a | COPY OF THE | aivilid | ioi s uecis | non or order? | | |

3. You must attach evidence, such as the originals of any documents or legible copies you have, which will help to prove the accuracy of what you listed as your reason(s) for being unable to apply for review on time.

E. REASONS FOR REQUESTING A REVIEW

| dec | You must have at least one of the following three reasons (outlined on pages 3 to 5 of this form) to have the original decision reviewed. Please check off the reason(s) that you are requesting a review and answer all of the relevant questions listed below that reason. Provide additional information or arguments on a separate page if necessary. | | | | | | |
|-----|---|--|--|--|--|--|--|
| | 1) | A party was unable to attend the hearing because of circumstances that could not be anticipated and were beyond the party's control: | | | | | |
| | a. | List the reason(s) for being unable to attend. | | | | | |
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| | b. | Explain why the circumstance(s) could not be anticipated and were beyond your control. Give details including dates, times and events that occurred, where applicable. | | | | | |
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| | C. | Indicate what evidence you would have presented had you attended the hearing. | | | | | |
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d. Attach evidence supporting the reasons and/or circumstances which supports your inability to attend the hearing (e.g. medical report from doctor; invoice from towing company for disabled vehicle).

| 1 | List each piece of new and relevant evidence which was not available at the time of the original hearing. |
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| ·. | List each piece of new and relevant evidence which was not available at the time of the original realing. |
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| ١. | For each piece of evidence listed, state in what way it is relevant to the application. Give details. |
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| | For each piece of evidence listed, state in what way the decision and/or order of the arbitrator may have diff |
| | if the evidence was available and introduced at the time of the hearing. |
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| ١. | For each piece of evidence listed, separately state why it was not available at the time of the hearing. |
| | Give details including dates and times where applicable. |
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| EAS | ONS FOR REQUESTING A REVIEW (cont'd from page 4) |
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| 3) | A party has evidence that the arbitrator's decision or order was obtained by fraud. |
| a. | Describe or list the evidence which is considered to be fraudulent. |
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| b. | Indicate the nature of the fraud for each item of evidence listed. |
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| c. | Indicate, for each item of evidence listed, who committed the fraud. |
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| d. | Indicate, for each item of evidence listed, how the decision and/or order of the arbitrator may have differed if the fraudulent evidence had not been considered. |
| | Traduction to the first seen considered. |
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| e. | Attach evidence supporting the claim that the arbitrator's decision or order was obtained by fraud. |

F. SUBMITTING COMPLETED APPLICATION

ATTACHMENTS:

last name

Signature(s):

All written evidence to support your application must be attached to this form, including a copy of the decision(s) and/or order(s) being reviewed.

| | Please check off what is attached to this form: copy of decision or order you wish to have reviewed requested in Section C of this form evidence as outlined in Section D3 of this form evidence as outlined in Section E1(d) of this form evidence as outlined in Section E2(e) of this form evidence as outlined in Section E3(e) of this form additional pages (identify the sections you have continued with on attached additional | | | | | | | |
|---|--|--|--|---|--|--|--|--|
| | page(s) if this form did not have e | nough space). | | | | | | |
| th h | FEE: There is a fee of \$25 to file this application, as established under the RTA and the MHPTA, which must be paid the time of application, and may be paid in cash, debit card, or by cheque (identification is required, cheque mu have current address encoded). (An administration fee of \$20 will be charged on NSF cheques.) Make cheque payable to the Minister of Finance. | | | | | | | |
| C | RE TO SUBMIT: Completed Application to Review Aperson, at one of the following offi | | rder, with attachments | and fee, must be filed, in | | | | |
| R | Residential Tenancy Office BURNABY: 400 - 5021 Kingsway Avenue VICTORIA: 1st Floor, 1019 Wharf Street INTERIOR AND NORTH: 101 - 2141 Springfield Road | | | | | | | |
| | If there is no Residential Tenancy Office in your area, you can file your application at any Government Agent Office/BC Access Centre (To locate an office near you, call Enquiry BC 1 800 663-7867) | | | | | | | |
| | the decision and/or order, to de review. The arbitrator may dismiss or re- | ecepted, the Director will termine, based on the co efuse to consider this apposited that a basis to alter | assign an arbitrator, gontents of the review apolication if full details o | enerally the arbitrator who issued pplication, whether to conduct a r sufficient grounds are not given. | | | | |
| I/We, the decision a | nature(s) (required to comm Applicant(s)/Agent for the Applica and/or order of an arbitrator. I/we the best of my/our knowledge. | nt(s), apply to the Directo | | | | | | |
| Name(s): (if name entry for landlord is a business name, use the 'last name' field box to enter the full legal business name) | | | | | | | | |
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| last nar | me | first name | midd | le name(s) | | | | |
| | | | | | | | | |

Date:

Date:

day

day

first name

middle name(s)

year

year

month

month