

**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.

## Request for Correction of an Error or Omission, or to Clarify the Decision or Order of an Arbitrator

**ARBITRATOR:**  **FILE #:**

**FROM:**  Tenant  Landlord  Agent *(if entry is a business name, use the 'last name' field box to enter the full legal business name)*

last name first name middle name(s)

**HEARING DATE:**    **HEARING TIME:**   
 day month year

**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

**CURRENT ADDRESS:** (this is the address of the person requesting correction of an error or omission, or requesting clarification)

suite or site number street number street name city province postal code

(  )  (  )   
 phone number fax number

**I AM REQUESTING that the Arbitrator:**

- Correct a typographical, arithmetical or other similar error in the:  Decision and Reasons  Order  
*(Provide specific details of the correction below.)*
- Clarify the:  Decision and Reasons  Order  
*(Provide, below, specific questions or details regarding what word, sentence or paragraph you do not understand. This request must be completed **within 15 days** after the decision and reasons or order are received.)*
- Deal with an . . .  obvious error  inadvertent omission . . . in the:  Decision and Reasons  Order  
*(If you believe that the arbitrator has failed to deal with a part of the claim included in the particulars of the Application for Arbitration, or an issue agreed to be added at the hearing, or evidence presented at the hearing, provide specific details below. This request must be completed **within 15 days** after the decision and reasons or order are received.)*

**Provide the particulars of your request below. Attach a copy of decision or order, marking the relevant section or segment where appropriate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request Received By: \_\_\_\_\_

Date: \_\_\_\_\_

