**Form (B1)**

**Ontario Land Tribunal**

655 Bay Street, Suite 1500, Toronto, ON M5G 1E5

Tel: 416-212-6349 | 1-866-448-2248

Web Site: olt.gov.on.ca

**Date Stamp** – Received by OLT

**OLT Case Number** (OLT Office Use Only)

**Request for Negotiation**

This document needs to be completed to file a notice of negotiation to mediate a dispute before the Ontario Land Tribunal (OLT) over compensation payable under the Expropriations Act in accordance with Part II of the Tribunal’s [Rules of Practice and Procedure](https://olt.gov.on.ca/about-olt/law-policy/).

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| Claimant/Property Owner Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name: | | | | | | | | | | First Name: | | | | | | | | | | | | | | | | | | | | |
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| Company Name or Association Name (Association must be incorporated – include copy of letter of incorporation) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Email Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Daytime Telephone Number: | | | | | | | | | | Alternative Telephone Number: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | ext. |  | | | |  | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit Number: | | Street Number: | | | | Street Name: | | | | | | | | | | | | | | | | | | | | | | P.O. Box: | | |
|  | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| City/Town: | | | Province: | | | | | | | Country: | | | | | | | | | | | | | Postal Code: | | | | | | | |
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| Representative Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby authorize the named company and/or individual(s) to represent me | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name(s): | | | | | | | | | | First Name(s): | | | | | | | | | | | | | | | | | | | | |
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| Company Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Email Address(es): | | | | | | | | | | | | | | LSO Number (if applicable): | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Daytime Telephone Number: | | | | | | | | | | Alternative Telephone Number: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | ext. |  | | | |  | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit Number: | | Street Number: | | | | Street Name: | | | | | | | | | | | | | | | | | | | | | | P.O. Box: | | |
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| City/Town: | | | Province: | | | | | | | Country: | | | | | | | | | | | | | Postal Code: | | | | | | | |
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| **Note:** If your representative is not licensed under the *Law Society Act*, please confirm that they have your written authorization, as required by the OLT *Rules of Practice and Procedure*, to act on your behalf and that they are also exempt under the Law Society’s by-laws to provide legal services. Please confirm this by checking the box below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | I certify that I understand that my representative is not licensed under the *Law Society Act* andI have provided my written authorization to my representative to act on my behalf with respect to this matter. I understand that my representative may be asked to produce this authorization at any time along with confirmation of their exemption under the Law Society’s by-laws to provide legal services. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Property Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address and/or Legal Description of property subject to the appeal: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Municipality: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Upper Tier (Example: county, district, region): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Issues: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide a brief summary below of the issues you would like resolved. Make sure to include whether the issues involve market value, business loss or injurious affection. You can also include any other relevant information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Expropriating Authority Contact Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expropriating Authority: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Last Name(s): | | | | | | | | | | First Name(s): | | | | | | | | | | | | | | | | | | | | |
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| Email Address(es): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Daytime Telephone Number: | | | | | | | | | | Alternative Telephone Number: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | ext. |  | | | |  | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit Number: | | Street Number: | | | | Street Name: | | | | | | | | | | | | | | | | | | | | | | P.O. Box: | | |
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| City/Town: | | | Province: | | | | | | | Country: | | | | | | | | | | | | | Postal Code: | | | | | | | |
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| Expropriating Authority Representative Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby authorize the named company and/or individual(s) to represent me | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name(s): | | | | | | | | | | First Name(s): | | | | | | | | | | | | | | | | | | | | |
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| Company Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Email Address(es): | | | | | | | | | | | | | | LSO Number (if applicable): | | | | | | | | | | | | | | | | |
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| Daytime Telephone Number: | | | | | | | | | | Alternative Telephone Number: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | ext. |  | | | |  | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit Number: | | Street Number: | | | | Street Name: | | | | | | | | | | | | | | | | | | | | | | P.O. Box: | | |
|  | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| City/Town: | | | Province: | | | | | | | Country: | | | | | | | | | | | | | Postal Code: | | | | | | | |
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| **Note:** If you are representing the expropriating authority and are not licensed under the *Law Society Act*, please confirm that you have written authorization, as required by the OLT *Rules of Practice and Procedure*, to act on behalf of the expropriating authority and that you are also exempt under the Law Society’s by-laws to provide legal services. Please confirm this by checking the box below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | I certify that I understand that my representative is not licensed under the *Law Society Act* andI have provided my written authorization to my representative to act on my behalf with respect to this matter. I understand that my representative may be asked to produce this authorization at any time along with confirmation of their exemption under the Law Society’s by-laws to provide legal services. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Parties Agreement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If this form is being submitted by the expropriating authority, is the claimant in agreement with this request? | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | | |  | No |
| If this form is being submitted by the claimant, is the expropriating authority in agreement with this request? | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | | |  | No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Language Requirements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you require matters to be conducted in French? | | | | | | |  | Yes | | |  | | No | | | | | | | | | | | | | | | | | |
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| Compensation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has compensation been offered to the property owner? | | | | | | | | |  | | | Yes | | |  | | No | | | | | | | | | | | | | |
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| Possession | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the expropriating authority currently in possession of the property? | | | | | | | | | | | | | |  | | Yes | | | |  | | No | | | | | | | | |
| Note: Typically, the authority makes an offer of compensation to the property owner and/or is in possession of the property before the OLT holds a negotiation meeting. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other Filings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the matter been filed with any other Board, Tribunal or Ontario Court? | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | No | | | |
| If yes, please specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Filing your Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You will need to file your notice of negotiation directly with the OLT.  **By Email:**  The form must be in a PDF format or WORD (.doc) format  You can send the email to [OLT.Registrar@ontario.ca](mailto:OLT.Registrar@ontario.ca)  **By Mail:**  655 Bay Street, Suite 1500  Toronto, ON, M5G 1E5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Important:**  All parties to this matter must receive a copy of this form. You must submit a copy of this form to the other party at the time of filing with the OLT.  The OLT will acknowledge your filing with a letter. There is no fee required when filing with the OLT.  For more information on this process and the OLT, please visit our website at olt.gov.on.ca | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other party sent a copy of this notice of negotiation? | | | | | | | | |  | | | Yes | | |  | | No | | | | | | | | | | | | | |
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| Declaration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I solemnly declare that all the statements and the information provided, as well as any supporting documents are true, correct and complete. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Appellant/Representative** | | | | **Signature of Appellant/Representative** | | | | | | | | | | | | | | | **Date (yyyy/mm/dd)** | | | | | | | | | | | |
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| We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact our Accessibility Coordinator at [OLT.Coordinator@ontario.ca](mailto:OLT.Coordinator@ontario.ca) or toll free at 1-866-448-2248. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |