

**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

**Affidavit of Service**

|  |  |
| --- | --- |
| **OLT CASE NO.:** |  |
|  |
| **PROCEEDING COMMENCED UNDER** |  |
|  | (Specify statute and provision under which proceeding was commenced) |
| **Applicant(s)/Appellant(s):** |  |
| **Subject:** |  |
| **Property Address/Description:** |  |
| **Municipality:** |  |
| **Municipal File/Reference No.:** |  |
| **OLT Case No.:** |  |
| **OLT File No.:** |  |
| **OLT Case Name:** |  |
| **Affidavit file on behalf of:** |  |
|  |
| **AFFIDAVIT OF** |  |
|  | (name) |
| I, |  |
|  | (full name of affiant) |
| of |  | , in the |  |
|  | (City, Town, etc.) |  | (County, District, Regional Municipality, etc.) |
|  | , MAKE OATH AND SAY (or AFFIRM): |
| (specify party status, professional affiliation, and/or position title) |  |
|  |
| On |  | At |  | [ ]  | AM | [ ]  | PM |
|  | (date) |  | (time) |  |  |  |  |
| I served |  | by: |
|  | (specify what documents were served) |  |
| **Method of delivery** (email, mail, courier etc.) |  | **Party that was served**(Full Name – First, Middle Last Name or Single Name) |  | **Specify which physical or email address party was served at**(Address: Street Number and Name, Suite/Unit Number, City/Town, Province, Postal Code) |
|  | **Upon** |  | **At** |  |
|  |  |  |
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| --- | --- | --- |
|  |  |  |
| Sworn (or Affirmed) before me at the  |  |
|  | (City, Town, etc.) |  | Deponent’s signature |
| of |  |  |  |
| in the |  |  |
|  | (Count, District, Regional Municipality, etc.) |  | Commissioner for Taking Oaths (or as may be) |
| of |  |  | ***(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)*** |
| on |  | , 20 |  |  |
|  | (date) |  |  |  |