

Ontario  
Municipal  
Board

655 Bay St Suite 1500  
Toronto, ON M5G 1E5  
Tel (416) 326-6800  
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[www.omb.gov.on.ca](http://www.omb.gov.on.ca)

Commission des  
affaires municipales  
de l'Ontario

655 rue Bay Bureau 1500  
Toronto, ON M5G 1E5  
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Request for Issuance of a Summons to Witness

*The completed form must be returned to the Board by mail or fax. The Board's Rules of Practice and Procedure require that a summons be served no later than 5 days before the time for attendance. Please ensure that your request is filed with the Board in sufficient time for it to be considered in advance of the attendance date. A form must be completed for each person you are requesting approval to summons.*

*If your request is approved, you will be provided with a summons and instructions for service.*

*Please refer to Rule 45 and 46 of the Board's Rules of Practice and Procedure for more information.*

Please complete the following:

1. OMB Case No.: \_\_\_\_\_ Hearing Date: \_\_\_\_\_ Municipality: \_\_\_\_\_

2. Request filed by: (Party or Representative)

Name: \_\_\_\_\_ Phone: Bus: \_\_\_\_\_ Res.: \_\_\_\_\_

Address: \_\_\_\_\_

If the request is filed by a representative, please identify the client (party). \_\_\_\_\_

3. Witness for whom a summons is being requested:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

4. Note the relationship of the person to the matter before the Board, the issues and the evidence that the person is to address, and explain the relevance of that evidence to the issues before the Board.

Detailed information must be provided. (If the Board is not satisfied from the information provided that the evidence to be provided by the person is relevant to the issues before the Board or admissible, the summons shall not issue.)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
OMB Office Use Only:

Approved

Request further information

Motion Required

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

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