



Appellant Contact Information:

Name _____

Address _____ Postal code _____

Telephone _____ Email _____

Type of Review requested _____

Decision under Review:

Date of original decision _____

Date request for review was received _____

Date of reconsideration _____

Summary of decision (please attach additional pages if you need more space)

Regional Review Package Checklist:

- Copy of Regional Review Package was sent to Appellant on date: _____
- Copy of the Appellant's written request for the Regional Review and other information or documentation submitted by the Appellant
- Copy of the notice of the original decision
- Copy of the RGI calculation, if this is the decision under review
- Other supporting documentation used in making the original decision

Regional Review Package Submitted by:

Name of Housing Provider or Other Decision Maker (that made the decision under review)

Contact Name and Title _____

Address _____ Postal code _____

Telephone _____ Email _____

Authorized Signature _____ Date _____

Please send completed Regional Review Package (form and all supporting documents) to:

**Regional Review Panel | Housing Services Division
605 Rossland Rd E | Whitby | L1N 6A3 | Fax: 905-666-6222**

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2463.