



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 _____

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

Reconsideration:

Date of reconsideration _____

Additional information was received _____

Summary of reconsideration (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 Request for 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
- Other supporting documentation or information provided during reconsideration



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:

Email to HousingRegionalReview@durham.ca

Fax to 905-666-6222

Mail to Regional Review Panel | Housing Services Division 605 Rossland Rd E. Whitby ON L1N 6A3