Request for RGI Review Form

Complete this form if you would like to request a review of the enclosed decision. Please type or print and return to your Seniors Services Coordinator or to your Regional Office.

Tenant Information:	Client Account #:	
Last Name:	First Name:	
Mailing Address: Apartment #: Postal Code:		
Email Address:	Telephone Number:	
What is the date on your Notice of Decision? Month/Day/Year: Please provide a copy of the Notice of Decision received from your Tenant		
Services Administrator.		
2. Why do you disagree with the decision made? Please write the reasons below and attach supporting documentation. (If you require additional space, please use the space on the back).		

Request for RGI Review Form continued

2. Continued: Why do you disagree with the reasons below and attach supporting doc		nade? Please write the	
Please Note: You must sign and deliver th	•	•	
(support@torontoseniorshousing.ca), telephone or in person within 30 calendar days after receiving the Notice of Decision from Toronto Seniors Housing. If you			
have missed this deadline, you can still ask for a review, but you must explain why			
you needed more time.			
Advocate or other contact person:			
If you would like another person to act as a representative on your behalf, or			
would like someone else to know the det	ails of your re	equest, please	
complete the section below:			
Name of Advocate: Agen	су:	Phone Number:	
Applicant(s) Signature:		Date:	
		Month/Day/Year:	
You must be 16 years of age or older to re	equest		
a Review.			
Note: A request form may be signed by a	n		
agent for the applicant. Please provide evidence to show that the applicant authors.	orizad		
the agent to sign.	OTIZCU		