

Instructions

Please print or type information on this form and make one copy. Keep the copy for your records and send the original by **registered mail** addressed to the Ministry of Finance, c/o Director, Advisory, Objections, Appeals and Services Branch, 33 King Street West, PO Box 699, Stn A, Oshawa ON L1H 8S6.

If you have any questions or if you need help in completing this form, call 1-866-668-8297 or 1-800-263-7776 (teletypewriter TTY) or visit our website at ontario.ca/taxappeals.

The envelope containing this **Notice of Objection** must be postmarked within ninety days from the day of mailing or delivery by personal service of the Minister's **Determination, Decision** or **Direction** to which objection is being made.

Name of Person Objecting (Last Name, First Name)	Reference No.
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Mailing Address

Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Telephone Number	Email Address		

Notice of Objection is hereby given to the Minister's **Determination, Decision** or **Direction**

dated the _____ day of _____ 20_____.

The following are the reasons for objection and the relevant facts:

Are additional sheets attached? ☐ Yes ☐ No

Appointment of Representative

I confirm that _____
(name of individual - last name, first name)

(name of organization)

(full address including postal code)

(phone number including area code)

(representative email address)

has the authority to communicate on my behalf concerning this Notice of Objection.

I authorize the Advisory, Objections, Appeals and Services Branch to collect personal information from and disclose personal information to my representative in accordance with the *Freedom of Information and Protection of Privacy Act*.

This **Notice of Objection** must be signed by the person objecting or an authorized representative. If an authorized representative signs this Notice of Objection, please submit written confirmation of authorization.

Name (Last Name, First Name)	Signature	Date (yyyy/mm/dd)
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