

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 Revenue, c/o The Director, Tax Appeals Branch, 3rd Floor, 1600 Champlain Avenue, Whitby ON L1N 9B2.

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 web site 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		Reference Number	
Mailing Address - Apt. No., Street Number and Name		Telephone Number ()	
City/Town	Province	Postal Code 	

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:

Check here if additional sheets are attached.

Appointment of Representative

I confirm that _____ (name of individual) _____ (name of organization)

_____ (full address including postal code)
() _____ has the authority to communicate on my behalf concerning this Notice of
(phone number including area code)

Objection. I authorize the Tax Appeals 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 (print)	Signature	Date
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