



## Request for Review – Mediation

- 1) The Claimant(s) identified below confirm(s) that he/she/they are not in agreement with the recently rendered Claim Decision of the Property Value Protection Program with respect to the following property:

*(Insert full municipal address of property on which the subject claim has been filed)*

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- 2) The Claimant(s) confirm(s) that he/she/they wish to proceed to non-binding mediation in order to determine that the Claim Examiner: a) Failed to Apply the Rules; b) Failed to make a Reasonable Determination. Please provide details of the basis of appeal:

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- 3) The Claimant(s) request(s) that a mediator be appointed and that a date and location be determined for the mediation.  
 4) The Claimant(s) acknowledge(s) that once the mediation details have been determined, he/she/they will be required to enter into a standard PVP Program Mediation Agreement in the form attached.

### Claimant Information

Name of Claimant (Print)	Signature of Claimant	Date
Name of Claimant (Print)	Signature of Claimant	Date
Mailing Address of Claimant	Telephone	
City and Province	Postal Code	
Use Claimant's address as primary mailing address:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address of Claimant		



**Information of Claimants' Representative (if applicable)**

Name of Claimants' Representative (Print)	Signature of Claimants' Representative	Date
Mailing Address of Claimants' Representative		Telephone
City and Province		Postal Code
Use Representative's address as primary mailing address:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address of Claimants' Representative		

This Request for Review (Mediation) must be returned to the PVP Program Office within 20 business days from the date the claim decision was mailed.

