

Proof of Service Notice of Expedited Hearing Dispute Resolution Proceeding #RTB- 9

Please indicate what kind of application you submitted originally:

Landlord Application to End the Tenancy Early Tenant Application for an Order of Possession Tenant Application for Emergency Repairs

Name and Address of Applicant(s): (full names are required)							
first and middle name		last name or full legal business name					
site/unit #	street # and name	city	province	postal code			
Rental Unit Address: (as recorded on the tenancy agreement)							
site/unit#	street # and name	city	province	postal code			
Service of Dispute Resolution Proceeding:							
The Notice w	vas served at: time	AM DD/MM/YYYY					
		PM					
first and middle the tenancy agr	name of person being served (as it appears on eement)	last name of person being served (as it appears on the tenancy agreement)					
Respondent Address: (Address where documents were served)							
site/unit#	street # and name	city	province	postal code			
		,	,	,			
Served by: (check all that apply)							

In person (hand delivering a copy to the respondent)

Sending a copy by registered mail to the address at which the person resides or carries on business as a landlord

Leaving a copy at the address where the person resides or with an adult who apparently resides where the person resides, or for the address where the person carries on business as a landlord (describe in special details below)

Attaching a copy to the door or other conspicuous place where the person resides or carries on business as a landlord (describe in special details below)

By emailing a copy to the email address provided by the respondent as an address for service (describe in special details below)

As ordered by the Director of the Residential Tenancy Branch (attach copy of Substituted Service Order)

Your personal information is collected under section 26 (a) and (c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering the Residential Tenancy Act. If you have any questions regarding the collection of your personal information, please call 604-660-1020 in Greater Vancouver; 250-387-1602 in Victoria; or 1-800-665-8779 elsewhere in B.C.

Special Details: (Describe where the documents were left or who the documents were left with and how you know they are an adult for options 3 & 4, or the email address or fax number the document was sent to for option 5).								
Confirmation: (Provide confirmation of service by providing one of the following:								
Hand delivery receipt (to be completed by the p	erson red	eiving the notice):						
first and last name of person receiving the notice	signatu	signature of person receiving the notice						
DD/MM/YYYY I was given	descrip	description of what was given to you						
first and middle name of person giving the notice	last nar	last name of person giving the notice						
If left with an adult who lives at the address for service, the person must confirm the following; or a witness must confirm service		I am an adult I live in the address for service						
Registered Mail; Attach receipt showing date and time of purchase and a printed tracking report Email: Provide proof that the email address has been provided for the purposes of service (e.g copy of #RTB 51) Witness Statement: Provide details on who, what and when notice was served								
DD/MM/YYYY I observed	name of person serving notice							
description of what was served Give	name of person being served							
By: (check Leaving a copy with the respondent one) Attaching a copy to the door or other con-	snicuous	nicuous place as described in Special Details						
one) Attaching a copy to the door or other conspicuous place as described in Special Details Leaving a copy in the mail box or mail slot as described in Special Details								
DD/MM/YYYY name of witness		witness signature						
Signature:								
I confirm that I served the notice in the way description of person serving the notice in the way description.		signature of person serving the notice						
Address of person serving the documents: (if different from applicant address on page 1)								
site/unit # street # and name		city	province	postal code				

#RTB-9