



Company Claiming Refund (Enter in Block Letters)

Paper Submission Recommendation for Refund Request

Name of Person

Managers Signature:

Address of Person or Company Claiming Refund		
Email Address of Person or Company Claiming Refund		
	9	
Paper Submission Request Number(s) of Document(s) being Refunded		Submission Date(s) of Document(s) being Refunded
Reason for Request to Refund		
Authorization for Direction of Refund		
Signature of Account Representative		Date
Total Amount of Refund:		
Disease submit assumbated forms to I DOslign (Output Codyn); @antonia as		
Please submit completed form to <u>LROclientSubmit@ontario.ca</u>		
Ministry Authorization (To be completed by ServiceOntario staff)		
Date:		
LRO#:		
LRO Staff Recommending Refund:		
Operations Specialist Name:		
Operations Specialist Name.		
Operations Specialist Signature:		
Managar Nama:		
Manager Name:		

Note for ServiceOntario staff: Refunds are applicable to submission fees only. For Land Transfer Tax refunds please refer client to the Ministry of Revenue. Please email form and document to Teranet Inc. at contactus@onland.ca Revised: January 2021