

Information about the Claim Process
The Residential Tenancies Act, 2006 (s.70)

You should try to settle your dispute before applying to us. If you need to have the Office of Residential Tenancies (the ORT) resolve a residential landlord/tenant dispute, complete this form and email or mail it to the ORT, together with the applicable fee and all supporting evidence (USBs will ONLY be accepted for video evidence). Evidence will not be returned.

The ORT will send you a Hearing Notice listing the date, time and place for a hearing. Details of your claim will be listed on the Hearing Notice based on the information you provided in this application. Amendments to your claim details **MUST** be made before the service deadline. You **MUST** deliver a copy of the final Hearing Notice on the tenant(s) and you **MUST** provide proof to the ORT, by the service deadline, that you have done so. Additional instructions are included with the Hearing Notice.

If a Writ of Possession is granted in your favour and the tenant(s) does/do not vacate, you can enforce the Writ through the Sheriff's Office.

**Landlord Application for Possession –
Urgent Matters**

The Residential Tenancies Act, 2006

Form 9b
Office of Residential Tenancies

See reverse for instructions – All information provided in this application is public – Check all applicable boxes –
Include all details of your claim to be printed on your Hearing Notice – Submit all required documents.

Landlord Application for Possession: (Urgent matters ONLY)

Section 68 Overholding (s. 69(2) & s. 70(13))

Details: How are you going to demonstrate the seriousness of the situation to a hearing officer? **Please indicate if you are claiming the \$50 application fee**

If you require more space for details, please attach additional pages.

A. Rental Property Information

Street Address (Land Location): _____ Suite No.: _____
City/Town/Village/Hamlet: _____ Province: Saskatchewan Postal Code: _____
Tenancy start (dd/mm/yy): _____
 Lease agreement? (Please attach)

B. Landlord Information

Landlord/Agent name (full legal name): _____
Mailing/Service Address: _____ Suite No.: _____
City/Town/Village/Hamlet: _____ Province: _____ Postal Code: _____
Primary Phone Number: _____ Alternate Phone Number: _____
Email: _____

C. Tenant Information

Tenant(s) first and last name(s): _____
Primary Phone Number: _____ Alternate Phone Number: _____
Email: _____
Present Mailing Address: _____ Suite No.: _____
City/Town/Village/Hamlet: _____ Province: _____ Postal Code: _____

Date of application _____ **Signature of applicant** _____

Receive Hearing Notice and Decision by email at (required): _____

I am able to serve the tenant(s) personally and understand that if there is more than one tenant, EACH tenant MUST be served a hearing notice.
 Special accommodations (physical accessibility, translator, etc.): _____

- Evidence MUST be attached when submitting a claim.
- Photographic evidence must be numbered with a detailed explanation underneath each image and submitted on one document (PDF or Word).
- An application will not be accepted without all approved documents.

Method of Payment (choose any one)

Fees may be waived. Use the Application for Fee Waiver to apply for a Fee Waiver Certificate under *The Fee Waiver Act*.
Non-refundable Application Fee: **\$50** - If sent by email, you must pay by credit card and submit the credit card payment form.
 Fee Waiver Cash Interac Cheque Money order Credit Card (attach credit card payment form)

Mailing Address: 304 - 1855 Victoria Avenue, Regina, Canada S4P 3T2

Toll Free: 1-888-215-2222; Outside SK call: 306-787-2699

Email: ort@gov.sk.ca

For office use only

Payment received by _____ Payment Reference no. _____ September 2021 Form 9b

Credit Card Payment Form

PLEASE TYPE, OR PRINT CLEARLY (IF NOT TYPED)

Date: _____

Application/Claim No. (if known): _____

TO:
Office of Residential Tenancies:

Mailing Address: 304 - 1855 Victoria Avenue, Regina, Canada S4P 3T2

Toll Free: 1-888-215-2222; Outside SK call: 306-787-2699

Email: ort@gov.sk.ca

With Regard to:

Address of rental unit: _____

My credit card number and expiry date are listed below:

Mastercard Visa

Account Number: _____

Expiry Date: _____

CVR Number from the back of the card (3 digits): _____

Security Deposit Amount Being Paid: \$ _____

Application Fee Amount Being Paid (\$50/application): \$ _____

Total Amount to be Charged: \$ _____

Print name above and sign below

Authorized Signature

This form will be a digital image in ORT and stored securely. No printed image will be kept.