

**Request to Correct or Clarify Order or
Obvious Error**

The Residential Tenancies Act, 2006 [section 76]

Form 11
Office of Residential Tenancies

Application/claim No.(s) Number:

(A request must be made within **15 days** of the date of the decision or order. There is a non-refundable fee of \$50.00 to request a correction or clarification.)

hereby requests that the Office of Residential Tenancies:

(Name of landlord or tenant)

1. Clarify the Decision or Order:

What sections of the Decision or Order require clarification? — please list

Describe why these sections need clarifying:

and/or

2. Correct an obvious error or inadvertent omission:

Set out the error or omission:

Dated this _____ day of _____ (Month) _____, _____ (Year) _____.

Signature of Applicant

Name of Applicant — please print

Mailing Address of Applicant — please print

Note: If you require more space please attach more pages.

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, SK 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.