

**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 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:**

**Regina:** 304 - 1855 Victoria Avenue S4P 3T2

**Saskatoon:** 105 - 122 - 3rd Avenue North S7K 2H6

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

Email: [ort@gov.sk.ca](mailto: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.