



Human Rights Tribunal of Ontario

Request to Withdraw an Application – Rule 10 (Form 9)

Application Information

Tribunal File Number:	2011-08214-I
Name of Applicant:	Frank Fowlie
Name of each Respondent:	George Kirikos

1. Your Information

First (or Given) Name	Last (or Family) Name	Organization (if applicable)	
Frank	Fowlie		
Street #	Street Name	Apt/Suite	
9140	McCutcheon Place		
City/Town	Province	Postal Code	Email
Richmond	BC	V7A 4A2	frank@fowlie.ca
Daytime Phone	Cell Phone	Fax	TTY
604-644-3308			

If you are filing this as the Representative (e.g. lawyer) of one of the parties please indicate:

Name of party you act for and are filing this on behalf of: _____

LSUC No. (if applicable): _____

What is the best way to send information to you?

(if you check email, you are consenting to the delivery of documents by email)

Mail Email Fax

I am (or I am filing on behalf of) the:

Applicant

Respondent

Ontario Human Rights Commission

Other - describe: _____

2. Are you applying to withdraw the Application against all of the Respondents?

Yes

No

3. If no, against which Respondent(s) do you want to withdraw your Application?



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4. Signature

By signing my name, I declare that, to the best of my knowledge, the information that is found in this form is complete and accurate.

Frank Fowle
Name

Signature

13/05/2011
Date (dd/mm/yyyy)

Please check this box if you are filing your Request electronically. This represents your signature.
You must fill in the date above.

Freedom of Information and Privacy

The Tribunal may release information about an Application in response to a request made under the *Freedom of Information and Protection of Privacy Act*. Information may also become public at a hearing, in a written decision, or in accordance with Tribunal policies. At the request of the Commission, the Tribunal must provide the Commission with copies of applications and responses filed with the Tribunal and may disclose other documents in its custody or control.