2001 Sheppard Avenue East, Suite 200 Toronto, ON M2J 4Z8 Email: authority@odacc.ca

Tel: 416-307-0008 | Toll Free: 1-888-221-3721

Fax: 416-362-8825 | Toll Free Fax: 1-877-862-8825 www.odacc.ca

ATTACHMENT TO NOTICE OF CONSOLIDATION FORM*

Construction Act, R.S.O. 1990, c. C.30

*Attach form to the Notice of Consolidation.

[] th Adjudication Case Number:
Is the Contractor the Claimant or Respondent to this adjudication?
Claimant Respondent
OTHER PARTY'S CONTACT INFORMATION
Provide the other Party's contact Information. (If the Contractor is the Claimant, please provide the Respondent's information; if the Contractor is the Respondent, please provide the Claimant's information.)
Company Name and Operating Name (if Operating Name is Different):
Name of Individual:
Title:
Email:
Phone Number:
Address:



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Description of Dispute
Disputed Amount:
Please provide a brief description of the dispute, including details respecting how and when the dispute arose (to a maximum of 250 words):
Please provide a brief description of the nature of the redress sought (to a maximum of 50 words):
A copy of the original Notice of Adjudication is attached to this Notice of Consolidation.