

ALLEGATION OF FRAUD    Date: \_\_\_\_\_

<b>LRO No.</b>	<b>Name of Staff Obtaining Information</b>
<b>Name of Party and Phone No. of Person Making Allegation (e.g. registered owner/chargee/solicitor)</b>	
<b>Name of Police Officer and Phone Number/email address who is searching PIN and/or obtaining copies</b>	
<b>PIN</b>	<b>Municipal Address of Property</b>
<b>Details of Allegation of Fraud/Concern</b>	
<b>Conflicting or Alleged Fraudulent Registrations</b>	
<b>LRI Activated: Yes _____ No. _____ Date _____</b>	<b>Staff Initials _____</b>
<b>NDI Activated: Yes _____ No. _____ Date _____</b>	<b>Staff Initials _____</b>
<b>Contact Kim Rizzo (416)-325-4130</b>	
<b>Email a copy of this form and copies of PIN(s) and documents to <a href="mailto:RSBLegalTechnicalContact@ontario.ca">RSBLegalTechnicalContact@ontario.ca</a></b>	
<b>Comments/Further Action</b>	