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| ONTARIO | | | | | | | | | | | | |
|  | | | | | | | | |  | | | Court File Number |
| (Name of court) | | | | | | | | | Form 22A: Response  to Request to Admit |
| **at** |  | | | | | | | |
|  | Court office address | | | | | | | |
| Applicant(s) | | | | | | | | | | | | |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | | | |  | | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | | |
|  | | | | | |  | |  | | | | |
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| Respondent(s) | | | | | | | | | | | | |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | | | |  | | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). | | | | |
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| **TO:** *(name of party)* | |  | | | | | | | | | | |
| **This is my response to your *Request to Admit* of** *(date)* | | | | | | |  | | | | | |
| **that was served on me on** *(date)* | | | |  | | | | | | | | |
| (Refer to the facts and documents according to the numbering set out in the **Request to Admit.**) | | | | | | | | | | | | |
| **1.** | I admit that the following facts are true: *(fact numbers)* | | | | |  | | | | | | |
| **2.** | I admit that the following documents are genuine: *(document numbers)* | | | | | | | | | |  | |
| **3.** | I deny that the following facts are true: *(fact numbers)* | | | |  | | | | | | | |
| **4.** | I deny that the following documents are genuine: *(document numbers)* | | | | | | | | |  | | |
| **5.** | I refuse to admit the following facts for the following reasons: *(If you need more space, attach a sheet.)* | | | | | | | | | | | |
| **Fact number** | | | **My reasons** | | | | | | | | | |
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| Form 22A: | | Response to Request to Admit | | | | (page 2) | Court File Number |
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| **6.** | I refuse to admit that the following documents are genuine for the following reasons: *(If you need more space, attach a sheet.)* | | | | | | |
| **Document number** | | | **My reasons** | | | | |
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| Signature | | | |  | Date of signature | | |