

**ISSUES**

WHAT RED TAPE OR REGULATORY BURDEN ARE YOU FACING? (REGULATORY/ PROCESS/DELAY/LEGAL)	
HAS THE ISSUE BEEN RAISED WITH OTHER MINISTRIES INVOLVED/ RESPONSIBLE?	
IF YES, WHEN?	DD/MM/YY
WHAT IS YOUR IDEAL OUTCOME? (POLICY CHANGE, AMEND/REPEAL REGULATION, FASTER APPROVAL PROCESS, ETC.)	
HOW WOULD THIS OUTCOME SUPPORT YOUR ORGANIZATION?	

**CHALLENGES**

IS THE ISSUE RELATED TO A TICKET, ORDER, PROSECUTION, OR LEGAL DECISION? YES NO

IF YES, EXPLAIN:	
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**BUSINESS INFORMATION**

<i>Business/Organization Name:</i>	
<i>Date Business/Organization Established:</i>	
<i>Is this business/organization a subsidiary? (Y/N). If yes, provide the name of the parent company.</i>	
<i>What level of investment will the business/organization be making? (\$ amount)</i>	
<i>What is the business/organization timeline for the investment in Ontario?</i>	
<i>How many jobs will be created/lost in Ontario?</i>	

BUSINESS ADDRESS:

_____		_____
<i>Street Address</i>		<i>Unit #</i>
_____		
<i>City</i>	<i>Province</i>	<i>Postal Code</i>

STAKEHOLDER CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please complete these questions to assist the team to make an initial assessment of your issue. Send to: [burdenreductionteam@ontario.ca](mailto:burdenreductionteam@ontario.ca)