

# Witness Statement of a Party On a Hearing or Motion

TLAB Case Number

The information collected on this form is considered to be a public record as defined by section 27 of the Municipal Freedom of Information and Protection of Privacy Act. The legal authority to make the information public is section 1.0.1. of the Planning Act. Questions about this form can be directed to the Manager, Planning & Liaison, Court Services, 137 Edward Street, 2<sup>nd</sup> Floor, Toronto, Ontario M5G 2P1 or by telephone at 416-338-7320.

## Part 1: Location Information

Address and/or Legal Description of property subject to appeal

Street Number

Street Name

Postal Code

## Part 2: Hearing Information

Hearing Date (yyyy-mm-dd)

Time of Hearing

Location of Hearing

## Part 3: Witness Statement of a Party on a Hearing or Motion filed by:

First Name

Last Name

Professional Title

Email

Street Number

Street Name

Suite/Unit Number

City/Town

Province

Postal Code

Telephone Number

Mobile Number

If the request is filed by a representative, please identify the party below.

First Name of Party

Last Name of Party

## Part 4: Witness Information

First Name

Last Name

Professional Title

Email

Street Number

Street Name

Suite/Unit Number

City/Town

Province

Postal Code

Witness Relationship to Party (Please attach Curriculum Vitae)

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## Part 5: List of Witness's intended evidence and issues to be discussed.

(Provide a full disclosure statement by numbered paragraphs of intended evidence. Where applicable, relate your evidence to any application revisions identified in the Applicants Disclosure Form, the issues, Witness or Participants Statements filed and any reports, exhibits or Documents provided in Part 6.)

## Part 6: List of Documents to be relied on or produced in the hearing

( List the documents)

## Part 7: Signature of Witness

Signature

Date

## Part 8: I confirm that I or the Representative below identified have served this Witness Statement and the attached Documents on all the persons identified below:

First Name	Last Name	Email	Address

## Part 9: Signature of Party or Representative

Signature

Date (yyyy-mm-dd)

NOTE: A Witness Statement is required from every person intending to provide oral or written evidence on the matters in issue in this TLAB Case File.

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