

<b>TLAB Case File Number</b>
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The information collected on this form is considered to be a public record. The legal authority to make the information public is section 1.0.1. of the Planning Act. As stated at section 27 of the Municipal Freedom of Information and Protection of Privacy Act, privacy provisions of Part 2 of the Act would not apply to any information collected on the form. 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
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### Part 2: Hearing Information

Hearing Date (yyyy-mm-dd)	Hearing Time	Hearing Location
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### Part 3: Witness Statement filed by

First Name	Last Name
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Corporation Name or Association Name (Association must be incorporated)

Position Title (if applicable)	Email
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Street Number	Street Name	Suite/Unit Number
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City/Town	Province	Postal Code
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Telephone Number	Mobile Number
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If the request is filed by a representative, please identify the party below.

Party First Name	Party Last Name
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### Part 4: Witness Information

First Name	Last Name
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Position Title (if applicable)	Email
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Street Number	Street Name	Suite/Unit Number
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City/Town	Province	Postal Code
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## Part 5: List of Witness's intended evidence and relevant issues under Appeal

Provide a statement in accordance with Rule 16.4, using numbered paragraphs. Include in your statement, the witness' background, experience and interest in the Appeal; a list of the issues and outline the intended evidence. The Applicant may have filed revisions to the original application. Where applicable, relate your evidence to any revisions identified in the Applicant's Disclosure; the Witness or Participant's Statements filed and any reports or documents disclosed under Rule 16.2 and previously filed.

# Witness Statement Form 12

<b>Part 6: Witness Signature</b>	
Signature	Date (yyyy-mm-dd)

<b>Part 7: I confirm that I or the Representative below identified have served this Witness Statement and the attached documents on all the persons identified below</b>		
Person's Name (First Name, Last Name)	Email	Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code – only where no Email)

<b>Part 8: Party or Representative Signature</b>	
Signature	Date (yyyy-mm-dd)

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