

Participant's Statement Form 13

TLAB Case File Number	

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, the 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, 2nd 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 N	Street Name					Postal Code	
,								
Part 2: Hearing Information								
Hearing Date (yyyy-mm-	dd)) Hearing Tim		ïme		Hearing Location		
Part 3: Participant I	nformation	1						
First Name				Last Name				
Corporation Name or Association Name (Association must be incorporated)								
Position Title (if applicable)			Em	mail				
Street Number	Street Name	eet Name			Suite/Un		Number	
City/Town	:y/Town Pro		Province		Postal Code			
Telephone Number				Mobile Number				
If the request is filed by a representative, please identify the participant below.								
Participant First Name				Participant Last Name				
Corporation Name or Association Name (Association must be incorporated)								

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Part 4: Outline of Participant's Intended F	vidence			
(Provide a short written outline of your intended evidence by using paragraph numbers. The Applicant may have made				
revisions to the original application. Please reference				
Part 5: Participant Signature	Doto (yayay mm dd)			
Signature	Date (yyyy-mm-dd)			

NOTE: A Participant Statement is required from every person identified as a Participant by the TLAB and all persons who may wish to make representations on the matters in issue in this TLAB Case File.

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