

## **Participant's Statement**

**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 Date								
Hearing Date (yyyy-mm-dd)	Time of He	Time of Hearing		Location of Hearing				
Part 3: Participant information								
First Name			Last Name					
Company Name or Association Name (Association must be incorporated)								
Professional Title								
Street Number Stre	t Name		>	Suite/Unit Number				
City/Town	own Provin			Postal Code				
Telephone Number			Mobile Number					
If the request is filed by a representative, please identify the participant below.								
First Name of Participant			Last Name of Participant					
Company Name or Association Name (Association must be incorporated)								

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Part 4: Outline of Parti	cipant's intended ev	vidence.					
(State the specifics by paragraph number. Where applicable, relate your evidence to any application revisions identified in the Applicant's Disclosure Statement and in the Witness Statements filed/provided online and reference any documents provided in Part 5.)							
Part 5: List of Documents to be relied on or produced in the hearing							
( List the documents)							
Part 6: I certify that I have served this Participant's Statement and the attached Documents							
on all the persons iden							
First Name	Last Name	Email	Address				
First Name	Last Name	Email	Address				
First Name	Last Name	Email	Address				
First Name	Last Name	Email	Address				
Part 7: Participant Signature							
Signature Date (yyyy-mm-dd)							
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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.