

Devit 4 Matthew Harvey

#### Notice of Reply to Response to Motion Form 9

Questions or concerns about this form or process can be directed to the Toronto Local Appeal Body by telephone 416-392-4697 or by email at <u>tlab@toronto.ca</u>.

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 Privacy Act, the privacy provisions of Part 2 of the Act would not apply to any information collected on the form. Questions of this collection can be directed to the Manager of Planning & Liaison, Court Services, 137 Edward Street, 2nd Floor, Toronto, Ontario M5G 2P1 or by telephone at 416-338-7320.

| Part 1: Motion Hearing Date   |             |          |                           |                   |  |  |
|---|-------------|----------|---------------------------|-------------------|--|--|
| TLAB Case File Number(s)  |             |          | Hearing Date (yyyy-mm-dd) |                   |  |  |
| Part 2: Reply to Response By (Party or Representative)  |             |          |                           |                   |  |  |
| First Name  |             |          | Last Name                 |                   |  |  |
| Check this box if First Name and Last Name do not apply to you because you have either a registered Birth<br>Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.<br>Single Name       |             |          |                           |                   |  |  |
| Corporation Name or Association Name (Association must be incorporated)   |             |          |                           |                   |  |  |
| Position Title (if applicable)  |             | 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.   |             |          |                           |                   |  |  |
| Party First Name  |             |          | Party Last Name           |                   |  |  |
| Check this box if First Name and Last Name do not apply to you because you have either a registered Birth<br>Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.<br>Party Single Name |             |          |                           |                   |  |  |
|   |             |          |                           |                   |  |  |



#### Part 3: Reply to Response to Motion

(Please provide a reply ONLY to new issues, facts or Documents raised in the Notice(s) of Response to Motion and identify specific supporting Affidavit and Documentary Evidence filed).

#### Part 4: List of Documentary Evidence to be used in the reply to response to motion

(Materials in support must be served filed electronically in accordance with TLAB Rules and Practice Directions)

NOTE: Electronic service and filing of Notice of Reply to Response to Motion and supporting documents (Part 5) and supporting Affidavits (Part 6) may be done by sending more than one email. In the event more than one email is required to serve and file this notice, the emails should clearly identify that they relate to the same Reply to the Response to Notice of Motion.

Part 5: In support of this Reply to Response to Motion will be read the Affidavit of (if applicable): (Identify all Form 10 Persons)

Affidavit of (Full Name - First, Middle, Last Name or Single Name) and Date Sworn (yyyy-mm-dd)

| Part 6: Reply to Response Motion And Supporting Materials served at the time of filing on |       |  |  |  |
|---|-------|--|--|--|
| <b>Person's Name</b><br>(Full Name – First, Middle,<br>Last Name or Single Name)          | Email | Address (Street Number, Street<br>Name, Suite/Unit Number,<br>City/Town, Province, Postal Code –<br>Complete this section only when no<br>Email address has been provided) |  |  |
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| Part 7: Party or Representative Signature |                   |  |  |  |
|---|-------------------|--|--|--|
| Signature                                 | Date (yyyy-mm-dd) |  |  |  |
|   |                   |  |  |  |

In the event the decision is reserved, persons taking part in the hearing and wishing a copy of the decision may request it by emailing the Toronto Local Appeal Body office at <u>tlab@toronto.ca</u>. Such decision will be emailed to you when available. Also, the decision when available will be posted publically on the Toronto Local Appeal Body's website at <u>www.toronto.ca/tlab</u>.

The Toronto Local Appeal Body is committed to providing accessible services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessible needs, please contact the Accessibility Coordinator at 416-392-5546 or tribunalaccess@toronto.ca. If you have specific accommodation needs, please identify those in advance and any assistance you may require in the event of an emergency evacuation. 02-0060 2017-12 Page 5 of 5