

# Participant's Statement Form 13

TLAB Case File Number
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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 [tlab@toronto.ca](mailto:tlab@toronto.ca).

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: 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)

Hearing Time

Hearing Location

## Part 3: Participant Information

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 Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.

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

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## Part 3: Participant Information (Continued)

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

Participant First Name

Participant Last Name

Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.

Participant Single Name

Corporation Name or Association Name (Association must be incorporated)

## Part 4: Outline of Participant's Intended Evidence

(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 the Applicant's Disclosure Statement of revisions, if any, and reference any Witness Statements and documents filed by a Party in accordance with Rule 16.2, Disclosure of Documents, where applicable.)

## Part 5: Participant Signature

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.