

Notice of Intention (Election) to be a Party or a Participant Form 4

TLAB Case File Number

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.

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
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Part 2: Person's/Representative's Information

First Name	Last Name
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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
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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 3: Notice of Intention to be a Party

I wish to give notice of my intention to be a Party to the above referenced TLAB Case File Number.

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

Party Single Name

Corporation or Association Name of Party (Association must be incorporated)

Authorized Signature

Date (yyyy-mm-dd)

Part 4: Notice of Intention to be a Participant

I wish to give notice of my intention to be a Participant to the above referenced TLAB Case File Number.

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 or Association Name of Participant (Association must be incorporated)

Authorized Signature

Date (yyyy-mm-dd)

Note: The expression of intention in this Form governs unless there is an order of the TLAB to the contrary. For rights and privileges of a Party, see Rule 12.6. For rights and privileges of a Participant, see Rule 13.7.