

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	
<input type="checkbox"/> 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	

# Participant's Statement Form 13

## 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.