

Acknowledgment of Expert's Duty Form 6

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	Stree	Street Name				Postal Code			
Part 2: Hearing Information									
Hearing Date (yyyy-mm-dd)		Hearing Time Hearing Location							
Part 3: Expert 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)									
Corporation Name or Ass	sociation N	lame (Association	n must	be incorporated)					
Corporation Name or Ass Professional Title (if appli		lame (Association	Ema	, ,					
Professional Title (if appli		<u> </u>		, ,	Suite/Unit	Number			
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Professional Title (if appli	icable) Street Nai	me	Em	ail					
Professional Title (if appli Street Number City/Town	Street Na	me	Em	ail	Postal Cod				
Professional Title (if appli Street Number City/Town Area of Expertise/Expert Retaining Party First Nam Check this box if Fi	Testimony ne irst Name age of Nam	me	Provir	ail	Postal Cod ame ou have eithe	er a registered Birth			

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Part 4: Acknowledgment					
I have been engaged by or on behalf of the above noted party/parties to TLAB proceeding.	provide evidence in relation to the above-noted				
I acknowledge it is my duty to provide evidence in relation to this proceed	eding as follows:				
a. to provide opinion evidence that is fair, objective and non-partisan;					
b. to provide opinion evidence that is related only to matters that are within my area of expertise; and					
c. to provide such additional assistance as the TLAB may reasonably require to determine a matter in issue.					
I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.					
Expert Signature	Date (yyyy-mm-dd)				

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