



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

TLAB Case F	ile 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.

Information, including completed forms, disclosure documents and statements, you disclose to the Toronto Local Appeal Body (TLAB) in relation to a TLAB appeal is an adjudicative record that is a public record available to parties, participants and the general public. As stated in Section 27 of the Municipal Freedom of Information and Protection of Privacy Act, the provisions protecting individual privacy in Part 2 of that Act do not apply to any information collected in the TLAB's prescribed forms and associated filings for appeals.

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: Estimated Hearing Time				
Enter the length of hearing you anticipate needing (in days)				
Part 3: Person's/Representative's Information				
First Name	Last N	lame		
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 N	ame	Suite/Unit Number		
City/Town	Province	Postal Code		

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

Part 4: 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 Name of Party (Associ	ciation must be incorporated)		
Date (yyyy-mm-dd)			
Part 5: Notice of Intention to be a Par	ticipant		
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)		
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.

02-0062 2018-xx Page 2 of 2