

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: Case File Information	
TLAB Case File Number(s)	Hearing Date (yyyy-mm-dd)

Part 2: Affidavit Filed on behalf of Party (Participant)	
Party (Participant) First Name	Party (Participant) 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.	
Party (Participant) Single Name	

Part 3: Affidavit	
I, (Full Name – First, Middle, Last Name or Single Name)	Professional Affiliation or Position Title
Of (municipality)	
Make (make oath) (solemnly affirm) and say as follows: (Number paragraphs and identify attachments)	
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.1; font-size: 100px; pointer-events: none;"> DRAFT </div>	

(continued on page 2)

Part 3: Affidavit (Continued)

Make (make oath) (solemnly affirm) and say as follows: (Number paragraphs and identify attachments)
(Continued from Page 1)

Sworn before me,
at the _____ of _____
(City, Town, etc.) (Name of City, Town, etc.)
in the _____ of _____
(County, Regional Municipality) (Name of County, Regional Municipality)
this _____ day of _____
(Date) (Month) (Year)

Affiant Signature

*A Commissioner, etc.

*This form must be sworn before a Commissioner if the person submitting the form is not a solicitor. A Commissioner may be: Lawyer, Notary Public, Justice of the Peace, Local municipal/town Clerk, Deputy Clerk, Treasurer, and others appointed by Lieutenant Governor to administer oaths or to take affidavits. An original is to be retained and may be required to be produced from the Party (Participant) on whose behalf this affidavit is filed.