

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).

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: Motion Hearing Date	
TLAB Case File Number(s)	Property Address
Motion Hearing Date (yyyy-mm-dd)	Time of Motion Hearing
Location of Motion Hearing	
<p><b>Parties with an interest in this matter</b> should attend at the start of the Motion Hearing at the time, date and location indicated, unless the Motion Hearing is in writing. Motion Hearing dates are firm.</p> <p>TLAB reserves the right to provide a notice of change of Motion Hearing type following service of this Notice of Motion and responding materials, if any.</p> <p><b>This notice is being provided to you</b>, as required by the Toronto Local Appeal Body Rules of Practice and Procedure, to ensure that, as a Party, you may make your views known by filing your response in accordance with the Rules respecting Response to Motion as per Rule 17.7 at least SEVEN (7) days before the date of Motion Hearing.</p> <p><b>IF YOU DO NOT ATTEND</b> the Motion Hearing or have not expressed your views in accordance with the Rules, the Toronto Local Appeal Body may proceed and make a decision in your absence, and may authorize changes to the proposal, matter, and grant the relief requested.</p>	

Part 2: Moving Party	
First Name	Last Name
<p>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.</p>	
Single Name	
Corporation Name or Association Name (Association must be incorporated)	
Position Title (if applicable)	Email

# Notice of Motion Form 7

Street Number	Street Name	Suite/Unit Number
City/Town	Province	Postal Code
Telephone Number	Mobile Number	
If this Notice of Motion is filed by a representative, please identify the party below.		
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		

### Part 3: For an Order as follows:

(State the specific relief requested using numbered paragraphs)

**Part 4: On the grounds that:**

(State the reasons and grounds using numbered paragraphs and reference any supporting Affidavits identified in Part 6 or materials filed listed in Part 5)

DRAFT

## Part 5: List of Documentary Evidence to be used in the motion

(Materials in support must be served and filed electronically in accordance with TLAB Rules and Practice Directions)

NOTE: Electronic service and filing of Notice of Motion and supporting documents (Part 5) and supporting Affidavits (Part 6) may be done by sending more than one email. In the event more than one email is required to serve and file the Notice of Motion, the emails should clearly identify that they relate to the same Notice of Motion.

**Part 6: In Support of this Notice of Motion will be read the Affidavit of: (Identify all Form 10 persons)**

**Affidavit of (Full Name – First, Middle, Last Name or Single Name) and Date Sworn (yyyy-mm-dd)**

**DRAFT**

# Notice of Motion Form 7

<b>Part 7: Notice of Motion And Supporting Materials served at the time of filing on:</b>		
<b>Person's Name</b> (Full Name – First, Middle, Last Name or Single Name)	<b>Email</b>	<b>Address</b> (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code – Complete this section only when no Email address has been provided)

<b>Part 8: Date of Submission</b>
Date (yyyy-mm-dd)

In the event the decision is reserved, persons taking part in the hearing of the motion and wishing a copy of the decision may request it by emailing the Toronto Local Appeal Body office at [tlab@toronto.ca](mailto:tlab@toronto.ca). Such decision will be emailed to you when available. Also, the decision when available will be posted publicly on the Toronto Local Appeal Body's website at [www.toronto.ca/tlab](http://www.toronto.ca/tlab).

The Toronto Local Appeal Body is committed to providing accessible services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessible needs, please contact the Accessibility Coordinator at 416-392-5546 or [tribunalaccess@toronto.ca](mailto:tribunalaccess@toronto.ca). If you have specific accommodation needs, please identify those in advance and any assistance you may require in the event of an emergency evacuation.