

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.

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: Hearing Information		
Hearing Date (yyyy-mm-dd)	Hearing Time	Hearing Location

Part 3: Witness Statement filed by			
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)			
Position Title (if applicable)	Email		
Street Number	Street Name	Suite/Unit Number	
City/Town	Province	Postal Code	
Telephone Number	Mobile Number		
If the request 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.			

Witness Statement Form 12

Party Single Name

Part 4: Witness Information

First Name	Last Name
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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

Position Title (if applicable)	Email
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Street Number	Street Name	Suite/Unit Number
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City/Town	Province	Postal Code
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Part 5: List of Witness's intended evidence and relevant issues under Appeal

Witness Statement Form 12

Provide a statement in accordance with Rule 16.4, using numbered paragraphs. Include in your statement, the witness' background, experience and interest in the Appeal; a list of the issues and outline the intended evidence. The Applicant may have filed revisions to the original application. Where applicable, relate your evidence to any revisions identified in the Applicant's Disclosure; the Witness or Participant's Statements filed and any reports or documents disclosed under Rule 16.2 and previously filed.

Part 6: Date

Date (yyyy-mm-dd)

Part 7: I confirm that I or the Representative below identified have served this Witness Statement and the attached documents on all the persons identified below

Person's Name (Full Name – First, Middle, Last Name or Single Name)	Email	Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code – Complete this section only when no Email address has been provided)

