

Authorized Representative

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: Party or Participant Information								
First Name		Last N	ame					
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/Un	Suite/Unit Number					
City/Town		Province	Postal Co	ode				

Authorized Representative Form 5

Part 3: Authorization							
I hereby authorize the named corporation and/or individual to represent me							
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 A	ssociation Name (Asso	ciation must be	incorporated)				
Position Title (if applicable)		Email	Email				
Street Number	Street Name			Suite/Unit Number			
City/Town Pro		Province		Postal Code			
Telephone Number		Mobile Nu	ımber				
·							
Date (yyyy-mm-dd)							

NOTE: A party or participant must confirm an authorized representative to act on their behalf either by indicating such on Form 1 or by filing Form 5. If authorization changes, the representative must notify TLAB immediately. Representatives acting on behalf of a party or participant are not permitted to both give evidence under oath or affirmation and act as the representative of a person or corporation. Generally, with the exception of a family member or close acquaintance, a representative requires qualifications recognized by the Law Society Act.

NOTE: Where a party or participant has appointed a representative, service of documents, notices or materials on the Representative is deemed service on the party or participant, as the case may be.

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