

Responding Witness Statement Form 19

| TLAB Case File Number | r |
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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 Infor | | | | | |
|--|-----------------------|---|-----------------------------|----------------|-------------|
| Address and/or Legal Desc | ription of property | y subject to appeal | ı | | |
| Street Number | Street Name | Street Name | | | Postal Code |
| Part 2: Hearing Infor | nation | | | | |
| Hearing Date (yyyy-mm-dd) | v-mm-dd) Hearing Time | | Hearing Location | | |
| Part 3: Responding W | /itness Stater | ment filed by | | | |
| First Name | | | Last Name | | |
| | | | | | |
| Check this box if First | | | | | |
| Certificate or Change | | | | | |
| Certificate or Change | | | | | |
| | of Name Certific | cate bearing a Sing | gle Name. Provid | | |
| Certificate or Change Single Name Corporation Name or Assoc | of Name Certific | cate bearing a Sing | gle Name. Provid | | |
| Certificate or Change Single Name Corporation Name or Associ Position Title (if applicable) | of Name Certific | cate bearing a Sing | gle Name. Provid | | elow. |
| Certificate or Change Single Name Corporation Name or Associ Position Title (if applicable) | of Name Certific | cate bearing a Sing | gle Name. Provid | le your name b | elow. |
| Certificate or Change Single Name Corporation Name or Associate (if applicable) Street Number City/Town | of Name Certific | eate bearing a Sing | gle Name. Provid | Suite/Unit | elow. |
| Certificate or Change Single Name Corporation Name or Associate (if applicable) Street Number | of Name Certific | eate bearing a Sing sociation must be Email | incorporated) Mobile Numbe | Suite/Unit | elow. |



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| Party Single Name | | | | | |
|---|-------------|----------|-----------|-------------------|--|
| Part 4: Responding Witness Information | | | | | |
| First Name | | | _ast 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 | | | | | |
| Position Title (if appli | cable) | Email | | | |
| Street Number | Street Name | | | Suite/Unit Number | |
| City/Town | | Province | | Postal Code | |

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Part 5: List of Responding Witness's intended evidence and relevant issues under Appeal

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)

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| Part 7: I confirm that I or the Representative below identified have served this Responding Vitness 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) | |
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| Part 8: Date | | |
|-------------------|--|--|
| Date (yyyy-mm-dd) | | |
| | | |

NOTE: A Witness Statement is required from every party intending to provide oral or written evidence on the matters in issue in this TLAB Case File.

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