

# Reply to Responding Witness Statement Form 20

TLAB Case File Number
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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](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: 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: Reply to Responding 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	

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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.

Party Single Name

## Part 4: Replying Witness Information

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

Position Title (if applicable)

Email

Street Number

Street Name

Suite/Unit Number

City/Town

Province

Postal Code

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## Part 5: List of Replying 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 Reply to Responding Witness Statement and the attached documents on all the persons identified below**

<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)

**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.