

Copy of Digital Audio Recording Request

Instructions:

• Complete one Form for each Proceeding you are requesting.

Received Date by TLAB (yyyy-mm-dd)

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 <u>tlab@toronto.ca</u>.

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.

Hearing Date Information		
TLAB Case File Number (s)	Hearing Date (yyyy-mm-dd)	Hearing Room
Requestor Information		
First Name	Last Name	
	and Last Name do not apply to you becau e Certificate bearing a Single Name. Prov	
Single Name		
Corporation Name or Association	Name (Association must be incorporated)
Email	Telephone Numbe	PL
Street Number Street N	lame	Suite/Unit Number
City/Town	Province	Postal Code
Date (yyyy-mm-dd)		·
Required Fee		

Number of Copies	Format (CD, DVD)		Total Fee	
Fee Paid by (Please check one)	MasterCard	Visa	a American Express I	Debit



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Office Use Only Fee Received Date (yyyy-mm-dd) Mailed Date (yyyy-mm-dd): Processed by (First, Last Name)

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