

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 Infor	mation				
TLAB Case File Numb	er (s)	Hearing Date (yyyy-mm-dd)		Hearing Room	
Requestor Informa	ition				
First Name		Last Name			
		ast Name do not apply to you becaus tificate bearing a Single Name. Prov			
Single Name					
Corporation Name or A	Association Nam	e if any (Association must be incorpo	orated)		
Email					
Street Number	Street Name			Suite/Unit Number	
City/Town		Province Posta		tal Code	
Date (yyyy-mm-dd)	I				
Required Fee					
Number of Copies		Format (CD_DVD)	Total F	66	





Copy of Digital Audio Recording Request

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

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