

## Party Witness Statement Form 12

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 <a href="mailto:tlab@toronto.ca">tlab@toronto.ca</a>.

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 De	scription of property subje	ect to appeal					
Street Number	Street Name			Postal Code			
Part 2: Hearing Information							
Hearing Date (yyyy-mm-d	dd) Hearing Ti	me	Hearing Location				
Part 3: Party Witnes	ss Statement filed by	/					
First Name		Last N	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							
·	sociation Name if any (As	sociation must be ir	ncorporated)				
Position Title (if applicable	le) En	nail					
Street Number	Street Name			e/Unit Number			
City/Town		Province	Posta	al Code			

## **Party Witness Statement Form 12**

If the request is filed by a representative, please identify the party below.							
Party First Name			Party 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.							
Party Single Name							
Part 4: Witness Inf	ormation						
First Name			Last Name				
☐ Check this box if I Certificate or Cha	First Name and Last Name Oertificat	ame do not app e bearing a Sin	ly to you because gle Name. Provide	e you have either a registered Birth e your name below.			
Single Name							
Position Title (if applicat	ole)	Email					
Street Number	Street Name			Suite/Unit Number			
City/Town	,	Province		Postal Code			
D ( 5 1 1 4 6 14 14							
Part 5: List of Witn							
background, experience may have filed revisions	and interest in the Ap to the original applica he Party Witness State	peal; a list of the tion. Where appeared to the control of the con	e issues and outli licable, relate you	s. Include in your statement, the witness' ne the intended evidence. The Applicant ur evidence to any revisions identified in the Statements filed and any reports or			

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## Part 5: List of Witness's intended evidence and relevant issues under Appeal (Continued)

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 Party Witness Statements or Participant's Witness Statements filed and any reports or documents disclosed under Rule 16.2 and previously filed. (Continued from page 2)



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## **Party Witness Statement Form 12**

Part 6: Party Witness Statement and Supporting Materials served at the time of filing on:						
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)				
Part 7: Date  Date (yyyy-mm-dd)						

NOTE: A Party 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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