

Authorized Representative Form 5

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 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: Party or Participant 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						
Corporation Name or Association Name if any (Association must be incorporated)						
Position Title (if applicable)						
Street Number	Street Name		Suite/Unit Number			
City/Town		Province	Postal Code			

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Authorized Representative Form 5

Part 3: Authorization						
I hereby authorize the named corporation and/or individual to represent me						
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 if any (Association must be incorporated)						
Position Title (if applicable)		Email				
Street Number	Street Name		Suite/Unit Number			
City/Town		Province	Postal Code			
Date (yyyy-mm-dd)						

NOTE: A Party or Participant must confirm an authorized Representative to act on their behalf either by indicating such on Form 1 or by filing Form 5. If authorization changes, the Representative or person appointing the Representative must notify TLAB immediately. Representatives acting on behalf of a Party or Participant may give evidence under oath or affirmation except in the capacity of an 'Expert Witness'. Generally, with the exception of a family member or close acquaintance, a Representative requires qualifications recognized under the Law Society Act.

NOTE: Where a party or participant has appointed a Representative, service of documents, notices or materials on the Representative is deemed service on the Party or Participant, as the case may be.

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