toronto at your service

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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 <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.

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			ime Hearing Location			Location	
Part 3: 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 if any (Association must be incorporated)							
Position Title (if applicable) Email			ail				
Street Number	Street Name					Suite/Unit Number	
City/Town	City/Town			Province		Postal Co	de
If the request is filed by a representative, please identify the party below.							
Party First Name			Party Last Name				
□ Check this box if Fi Certificate or Chan	rst Name and ge of Name (Last Name Certificate be	do not ap aring a Si	ply to yo ngle Nan	u because you ne. Provide yo	u have eith our name b	er a registered Birth elow.
Party Single Name							
							311

Response to Party Witness Statement Form 19

Part 4: Responding 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)	E	mail						
Street Number Str	Street Name Suite/Unit Number							
City/Town		Province		Postal Code				
Part 5: List of Respon	ding Witness's ir	ntended ev	idence and rel	evant issues under Appeal				
Part 5: List of Responding Witness's intended evidence and relevant issues under Appeal Provide a statement in accordance with Rule 16.5, 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. NOTE: In the case of an intended reference to a document contained in the 'Common Document Book' maintained on the TLAB website (www.toronto.ca/tlab), no electronic exchange is required provided the document is referenced and the parts, sections, pages or paragraphs are identified.								

Response to Party Witness Statement Form 19

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)

Response to Party Witness Statement Form 19

Part 6: Response to 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 Witness Statement is required from every party intending to provide oral or written evidence on the matters in issue in this TLAB Case File.