

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>.

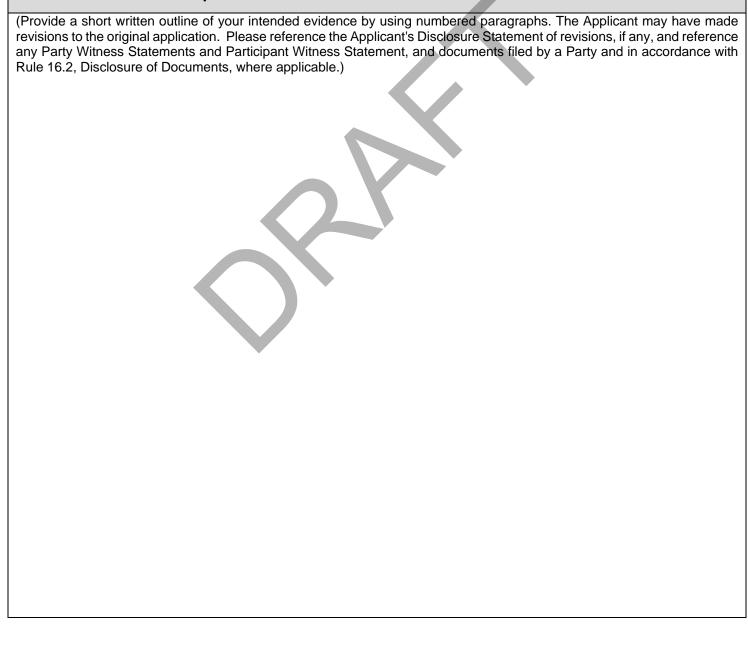
Information, including completed forms, disclosure documents and statements, you disclose to the Toronto Local Appeal Body (TLAB) in relation to a TLAB appeal is an adjudicative record that is a public record available to parties, participants and the general public. As stated in Section 27 of the Municipal 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 Description of property subject to appeal								
Street Number	Street Name				Postal Code			
Part 2: Hearing Information								
Hearing Date (yyyy-mm-dd) Hearing Tim		me	e		Hearing Location			
Part 3: 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)		Ema	Email					
Street Number S	Street Name			Suite/Unit	Number			
City/Town		Province		Postal Cod	de			
		1						

Part 3: Participant Information (Continued)						
If the request is filed by a representative, please identify the participant below.						
Participant First Name	Participant 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.						
Participant Single Name						
Corporation Name or Association Name if any (Association must be incorporated)						

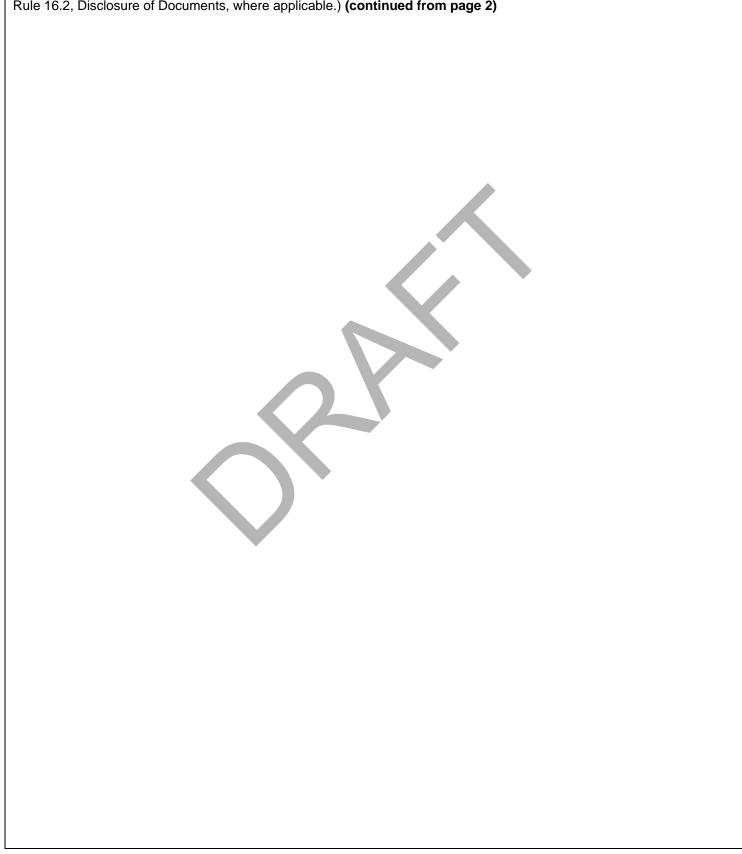
#### Part 4: Outline of Participant's Intended Evidence



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#### Part 4: Outline of Participant's Intended Evidence (Continued)

(Provide a short written outline of your intended evidence by using numbered paragraphs. The Applicant may have made revisions to the original application. Please reference the Applicant's Disclosure Statement of revisions, if any, and reference any Party Witness Statements and Participant Witness Statement, and documents filed by a Party and in accordance with Rule 16.2, Disclosure of Documents, where applicable.) (continued from page 2)



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Part 5:Participant's Witness	Statement and Supporting Mate	rials served at the time of filing on:
Person's Name	Email	Address (Street Number, Street
(Full Name – First, Middle,		Name, Suite/Unit Number,
Last Name or Single Name)		City/Town, Province, Postal Code –
		Complete this section only when no Email address has been provided)
		Email address has been provided)

Part 6: Date	
Date (yyyy-mm-dd)	

NOTE: A Participant's Witness Statement is required from every person identified as a Participant by the TLAB and all persons who may wish to make representations on the matters in issue in this TLAB Case File.

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