

Reply to Responding Witness Statement Form 20

| TLAB Case File Number | |
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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.

| Street, 2nd 1 loor, 10 onto, Ontano Moo 21 1 or by telephone at 410-330-7320. | | | | | |
|--|---------------------|-----------------|------------------|------------|-------------|
| Part 1: Location Information | | | | | |
| Address and/or Legal Description of property subject to appeal | | | | | |
| Street Number | Street Name | | | | Postal Code |
| Part 2: Hearing Infor | mation | | | | |
| Hearing Date (yyyy-mm-dd) Hearin | | ng Time | Hearing Location | | Location |
| Part 3: Reply to Resp | onding Witnes | s Statemer | nt 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 (Association must be incorporated) | | | | | |
| Position Title (if applicable |) | Email | | | |
| Street Number S | Street Name | | | Suite/Unit | Number |
| City/Town | Provinc | | e | Postal Cod | de |
| If the request is filed by a r | epresentative, plea | se 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 | | | | | |

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| Part 4: Replying Witness Information | | | | |
|--|--|--|---|---|
| First Name | | | Last Name | |
| riist Name | | | Lastivalle | |
| | First Name and Last Na nge of Name Certificate | | | ou have either a registered Birth our name below. |
| Single Name | | | | |
| Position Title (if applicab | ole) | Email | | |
| Street Number | Street Name | | | Suite/Unit Number |
| City/Town | | Province | _ | Postal Code |
| | | 1 | | |
| Part 5: List of Repl | ying Witness's int | tended evide | nce and releva | nt issues under Appeal |
| may have filed revisions Applicant's Disclosure; the 16.2 and previously filed NOTE: In the case of a | to the original applicate the Witness or Participal. In intended reference to the website (www.toro | tion. Where appl ant's Statements e to a document anto.ca/tlab), no | icable, relate your of filed and any report t contained in the electronic exchai | the intended evidence. The Applicant evidence to any revisions identified in the rts or documents disclosed under Rule 'Common Document Book' nge is required provided the entified. |

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

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. (continued from page 2)

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.



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| Part 6:Reply to Responding 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) | | |
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| 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.

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