

# Acknowledgment of Expert's Duty Form 6

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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 [tlab@toronto.ca](mailto: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. The legal authority to make the information public is section 1.0.1. of the Planning Act. 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 and 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 Time | Hearing Location |

| Part 3: Expert Information   |             |                           |  |
|--|-------------|---------------------------|--|
| First Name   |             | Last Name                 |  |
| <input type="checkbox"/> 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), if applicable   |             |                           |  |
| Professional Title (if applicable)   |             | Email                     |  |
| Street Number  | Street Name | Suite/Unit Number         |  |
| City/Town  | Province    | Postal Code               |  |
| Area of Expertise/Expert Testimony   |             |                           |  |
| Retaining Party First Name   |             | Retaining Party Last Name |  |
| <input type="checkbox"/> 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. |             |                           |  |
| Retaining Party Single Name  |             |                           |  |

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## Part 4: Acknowledgment

I have been engaged by or on behalf of the party/parties (specified in Part 3: Expert Information) to provide evidence in relation to the TLAB proceeding referenced on page 1.

I acknowledge it is my duty to provide evidence in relation to this proceeding as follows:

- a. to provide opinion evidence that is fair, objective and non-partisan;
- b. to provide opinion evidence that is related only to matters that are within my area of expertise; and
- c. to provide such additional assistance as the TLAB may reasonably require to determine a matter in issue.

I acknowledge that the duty referred in this part (Part 4: Acknowledgement) prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

Expert Signature

Date (yyyy-mm-dd)