

Party Witness Statement

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. 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 about this collection can be directed to the Manager of Tribunal Operations, Court Services, 40 Orchard View Boulevard, 2nd Floor, Suite 253, Toronto, Ontario M4R 1B9 or by telephone at 416-392-3261

Part 1: Location Inf	<u> </u>	200, 1010110,	3a	by totophone at 410 002 0201.
Address and/or Legal De		y subject to appea	al	
Street Number	Street Name		Postal Code	
Part 2: Hearing Info	ormation			
Hearing Date (yyyy-mm-		ring Time		Hearing Location
Part 3: Party Witnes	se Statomont fi	od by		•
First Name	ss Statement II	eu by	Last Name	
			ly to you because you gle Name. Provide you	have either a registered Birth ur name below.
Single Name				
Corporation Name or Ass	sociation Name (As	sociation must be	e incorporated), if appli	cable
Position Title (if applicable	lo)	Email		
Position Title (ii applicabl	ie)	Email		
Street Number	Street Name			Suite/Unit Number
Offeet Number	Officer Name			Odite/Offit Nuffiber
City/Town		Province		Postal Code

Party Witness Statement Form 12

Part 3: Party Witness Statement filed by (Continued)						
If the request is filed by an Authorized Representative, please identify the Party:						
Party First Name			F	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						
Part 4: Witness Info	ormation					
First Name				Last Name		
	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				
Ctus at Nivershau	Ctroat Name				Cuita // Init Number	
Street Number	Street Name				Suite/Unit Number	
City/Town		Prov	/ince		Postal Code	
Part 5: List of Witne	oos' intended evid	donoo on	ad rol	ovant issues u	Indox Appeal	
Provide a statement in a background, experience may have filed revisions	ccordance with Rule 19 and interest in the App to the original applicat re (Form 3); the Party V	6.4, using beal; a list ion. Wher Witness St	numbe of the i e appli atemer	ered paragraphs. I issues and outline icable, relate your nt(s) (Form 12) or l	nclude in your statement, the Witness' the intended evidence. The Applicant evidence to any revisions identified in Participant Witness Statement(s) (Form	

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Part 5: List of Witness' 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 (Form 3); the Party Witness Statement(s) (Form 12) or Participant Witness Statement(s) (Form 13) filed and any reports or documents disclosed under Rule 16.2 and previously filed. (Continued from page 2)
13) filed and any reports of documents disclosed under Rule 10.2 and previously filed. (Continued from page 2)

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Part 6: 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 Email has not been provided)			
Part 7: Submission Date					

Part 7: Submission Date	
Date (yyyy-mm-dd)	

NOTE: A Party 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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