

Party Witness Statement Form 12

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 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: Party Witness Statement filed by		
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		
Position Title (if applicable)	Email	
Street Number	Street Name	Suite/Unit Number
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

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 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)

Email

Street Number

Street Name

Suite/Unit Number

City/Town

Province

Postal Code

Part 5: List of Witness' intended evidence and relevant issues under Appeal

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.

Party Witness Statement Form 12

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)**

Party Witness Statement Form 12

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

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.