

## Request to Summons Form 11

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. 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: Case Information   |                    |                   |  |             |  |  |  |  |
|--|--------------------|-------------------|--|-------------|--|--|--|--|
| TLAB Case File Number  |                    |                   | Hearing Date (yyyy-mm-dd)                      |             |  |  |  |  |
| Part 2: Requestor Ir   | nformation         |                   |  |             |  |  |  |  |
| First Name   |                    |                   | Last Name                                      |             |  |  |  |  |
|  |                    |                   | ot apply to you becaus<br>a Single Name. Provi |             | ve either a registered Birth<br>ame below. |  |  |  |
| Single Name  |                    |                   |  |             |  |  |  |  |
| Corporation Name or Association Name (Association must be incorporated), if applicable |                    |                   |  |             |  |  |  |  |
| Email  |                    |                   |  |             |  |  |  |  |
| Street Number Street Name  |                    |                   |  |             | Suite/Unit Number                          |  |  |  |
| City/Town  | City/Town Province |                   |  | Postal Code |  |  |  |  |
| If the request is filed by   | an Authorized      | Representative, p | lease identify the Part                        | ty:         |  |  |  |  |
| Party First Name   |                    |                   | Party Last Name                                |             |  |  |  |  |
| Certificate or Cha   |                    |                   | ot apply to you becaus<br>a Single Name. Provi |             | ve either a registered Birth<br>ame below. |  |  |  |
| Party Single Name  |                    |                   |  |             |  |  |  |  |
| Date (yyyy-mm-dd)  |                    |                   |  |             |  |  |  |  |

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| Part 3: Witness Information   |                                |   |              |  |  |  |  |  |  |
|---|--------------------------------|---|--------------|--|--|--|--|--|--|
| First Name  |                                | Last Name   |              | Position Title   |  |  |  |  |  |
| 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  |              |  |  |  |  |  |  |
| Street Number   | Street Name                    |   |              | Suite/Unit Number  |  |  |  |  |  |
| City/Town   |                                | Province  |              | Postal Code  |  |  |  |  |  |
| they will be speaking to  | summoned Witro relevant to the | ness is relevant to the matte<br>e issues before TLAB. If the | ere is a spe | LAB, as well as the issues and evidence ecific document which has not see provide detailed information in this |  |  |  |  |  |

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## Part 4: Reason(s) for Request (Continued) Please detail why the summoned Witness is relevant to the matter before TLAB, as well as the issues and evidence they will be speaking to relevant to the issues before TLAB. If there is a specific document which has not previously been disclosed which the summoned Witness must provide, please provide detailed information in this part. (Continued from page 2) Detailed information must be provided. If the TLAB Chair is not satisfied from the information provided that the evidence to be provided by the person is relevant to the issues before TLAB, or admissible, the summons will not be issued. 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. Instructions The completed form must be returned to the Toronto Local Appeal Body by email. The TLAB's Rules of Practice and Procedure require that a summons be served at least THIRTY (30) days before the time the summonsed person is required to attend. Please submit your Request for Summons Form 11 before that deadline, in order for the Chair to consider the request and issue the summons. A form must be completed for each person you are requesting

approval to summons.

If your request is approved, you will be provided with a summons and instructions for service.

Please refer to the Toronto Local Appeal Body's Rules of Practice and Procedure for more information.

| Office Use Only                  |  |                             |  |                 |  |  |  |  |
|----------------------------------|--|-----------------------------|--|-----------------|--|--|--|--|
| ☐ Approved                       |  | Request Further Information |  | Motion Required |  |  |  |  |
| Reviewing Panel Member Signature |  | Date (yyyy-mm-dd)           |  |                 |  |  |  |  |

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