

Authorized Representative Form 5

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: Party or Participant 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

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

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Part 3: Authorization			
I hereby authorize the named corporation and/or individual to represent me.			
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
Date (yyyy-mm-dd)			

NOTE: A Party or Participant must confirm an authorized Representative to act on their behalf either by indicating such on Form 1 or by filing Form 5. If authorization changes, the Representative or person appointing the Representative must notify TLAB immediately. Representatives acting on behalf of a Party or Participant may give evidence under oath or affirmation **except** in the capacity of an 'Expert Witness'. Generally, with the exception of a family member or close acquaintance, a Representative requires qualifications recognized under the Law Society Act.

NOTE: Where a Party or Participant has appointed a Representative, service of documents, notices or materials on the Representative is deemed service on the Party or Participant, as the case may be.