

Response to Party Witness Statement Form 19

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 Desc	ription of pr	operty subject to appea	I	
Street Number	Street Name Postal Code			Postal Code
Dort 2. Hooring Infor	matian			
Part 2: Hearing Inform	nation			
Hearing Date (yyyy-mm-dd)		Hearing Time	Hearing Location	
Part 3: Responding Witness Statement filed by				
First Name		Last Name		
			y to you because you have eith gle Name. Provide your name b	
Single Name				
Corporation Name or Assoc	iation Nam	e (Association must be	incorporated), if applicable	
Position Title (if applicable) Email				
Street Number St	reet Name		Suite/Uni	t Number
City/Town		Province	Postal Co	de

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Part 3: Responding 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: Responding	y Witness Informa	tion			
Part 4: Responding Witness Information First Name			Last Name		
	First Name and Last Na			ou have either a registered Birth our name below.	
Single Name					
Position Title (if applicab	ole)	Email			
Street Number	Street Name Suite/U		Suite/Unit Number		
City/Town		Province		Postal Code	
		I			
				vant issues under Appeal	
Provide a statement in accordance with Rule 16.5, 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.					
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.					

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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)

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Part 6: Response to 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)	
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NOTE: A 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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