### Reply to Responding Witness Statement Form 20

**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 <u>tlab@toronto.ca</u>.

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: Reply to Responding Witness Statement filed by				
First Name		Last Name		
Check this hav if	First Name and Lest Na	una da natanal		ear a registered Dirth
			/ to you because you have eit	
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				
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Street Number	Street Name		Suite/Un	it Number
Citu/Tourp		Province	Postal Co	do.
City/Town		Province	Postar CC	Jue



## **Reply to Responding Witness Statement Form 20**

Part 3: Reply to 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: Replying 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 applic	able)	Email		
Street Number	Street Name		Suite/Unit Number	
City/Town		Province	Postal Code	

#### Part 5: List of Replying Witness' intended evidence and relevant 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 (<u>www.toronto.ca/tlab</u>), 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 Replying Witness' intended evidence and relevant issues under Appeal (Continued)
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. (Continued from page 2)

## **Reply to Responding Witness Statement Form 20**

Part 6: Reply to Responding 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 Witness Statement is required from every Party intending to provide oral or written evidence on the matters in issue in this TLAB Case File.