

## Certified Decision Request

**Instructions:**

- Complete **one form for each decision** you are requesting.
- A fee of **\$20** is required for **each copy of a decision** you are requesting.

Received Date by TLAB  
(yyyy-mm-dd)

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](mailto: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.

### Decision Information

TLAB Case File Number	Decision Issue Date (yyyy-mm-dd)
Address and/or Legal Description of Property on Decision	
Street Number	Street Name

### Requestor Information

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			
Email			
Street Number	Street Name		Suite/Unit Number
City/Town	Province	Postal Code	
Date (yyyy-mm-dd)			

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### Required Fee

Number of Certified Copies	Total Fee (\$)
Fee Paid by (Please check one): <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Debit	

### Office Use Only

Fee Received Date (yyyy-mm-dd)	Mailed/Emailed Date (yyyy-mm-dd)	Processed by (First, Last Name)
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NOTE: Electronic copies of all Decisions related to a proceeding are posted on the TLAB website at [www.toronto.ca/TLAB](http://www.toronto.ca/TLAB) and are available without charge.