

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 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: 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 a Single Name. Provi		ve either a registered Birth 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 a Single Name. Provi		ve either a registered Birth 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 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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