

# Certified Exhibit Request

Instructions:

- Complete **one form for each set of exhibits** you are requesting.
- A fee of **\$20** is required for **each certified copy of an exhibit or part** you are requesting.

Date Received 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.

## Exhibit Information

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

## 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 Date (yyyy-mm-dd)	Processed by (First, Last Name)
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