

Participant Witness Statement Form 13

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 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: Participant 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			
Position Title (if applicable)		Email	
Street Number	Street Name	Suite/Unit Number	
City/Town		Province	Postal Code

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Part 3: Participant Information (Continued)

If the request is filed by an Authorized Representative, please identify the Participant:

Participant First Name

Participant 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.

Participant Single Name

Corporation Name or Association Name (Association must be incorporated), if applicable

Part 4: Outline of Participant's Intended Evidence

Provide a short written outline of your intended evidence by using numbered paragraphs. The Applicant may have made revisions to the original application. Please reference the Applicant's Disclosure Statement of revisions (Form 3), if any, and reference any Party Witness Statement(s) (Form 12) and Participant Witness Statement(s) (Form 13), and documents filed by a Party and in accordance with Rule 16.2, Disclosure of Documents, where applicable.

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Part 4: Outline of Participant's Intended Evidence (Continued)

Provide a short written outline of your intended evidence by using numbered paragraphs. The Applicant may have made revisions to the original application. Please reference the Applicant's Disclosure Statement of revisions (Form 3), if any, and reference any Party Witness Statement(s) (Form 12) and Participant Witness Statement(s) (Form 13), and documents filed by a Party and in accordance with Rule 16.2, Disclosure of Documents, where applicable. **(Continued from page 2)**

