

# Notice of Intention (Election) to be a Party or a Participant Form 4

TLAB Case File Number
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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.

Part 1: Location Information		
Street Number	Street Name	Postal Code
Legal Description of property subject to appeal		

Part 2: Party or 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

# Notice of Intention (Election) to be A Party or a Participant Form 4

## Part 3: Notice of Intention to be a Party

**Important: If you or any person on your behalf intends to give evidence at the TLAB Hearing, a Witness Statement (Form 12) is required to be filed in accordance with the Rules. In addition, if you have an Authorized Representative, Form 5 must be completed.**

I wish to give notice of my intention to be a Party to the TLAB Case File Number referenced on page 1.

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

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

Date (yyyy-mm-dd)

## Part 4: Notice of Intention to be a Participant

**Important: If you or any person on your behalf intends to give evidence at the TLAB Hearing, a Participant Statement (Form 13) is required to be filed in accordance with the Rules. In addition, if you have an Authorized Representative, Form 5 must be completed.**

I wish to give notice of my intention to be a Participant to the TLAB Case File Number referenced on page 1.

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

Date (yyyy-mm-dd)

NOTE: The expression of intention in this Form governs unless there is an order of the TLAB to the contrary. For responsibilities and opportunities of a Party, see Rule 12.6. For rights and privileges of a Participant, see Rule 13.7.