

## Change in Authorized Representative Form 5A

TLAB Case	File	Number	(s)	
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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.

For inquiries about this data collection or information you have submitted to the Toronto Local Appeal Body (TLAB), you can contact the Manager of Tribunal Operations by telephone at 416-392-5546. For questions about the form or processes, you can contact the TLAB general line by telephone at 416-392-4697 or by email at <a href="mailto:tlab@toronto.ca">tlab@toronto.ca</a>.

Office Location: 40 Orchard View Boulevard, 2nd Floor, Suite 253, Toronto, Ontario M4R 1B9

We adhere to the Accessibility for Ontarians with Disabilities Act, 2005. For accessibility needs, contact our Accessibility Coordinator at tribunalaccess@toronto.ca.

Part 1: Location Inf	ormation			
Address and/or Legal D	escription of Property subject	ct to Appeal		
Street Number	Street Name			Suite/Unit Number
Oit /True		Danisa		Partal Carlo
City/Town		Province		Postal Code
Part 2: Party or Par	ticipant Information			
First Name			Last Name	
Check this box if I	First Name and Last Name	do not apply	to you because yo	ou have either a registered Birth
	nge of Name Certificate bea	aring a Single	Name. Provide yo	our name below.
Single Name				
Corporation Name or As	ssociation Name (Association	on must be in	corporated), if app	licable
Position Title (if applicable) Email				
Street Number	Street Name			Suite/Unit Number
O'1. /T.		ln		Destal Octo
City/Town		Province		Postal Code

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Part 3: Rescind Authorization							
I hereby rescind the authorization for [previously named individual] to act on my behalf.							
First Name				Last Name			
I will represent/act for myself.							
Address and contact for service							
Telephone Number Email			Email				
Street Number		Street Name			Suite/Unit Number		
City/Town			Province	<u> </u>	Postal Code		
I acknowledge that I am either licensed by the Law Society of Ontario (LSO) to provide legal services or that I am an unlicensed representative covered by an exemption allowed by the LSO.							
Signature				Date (yyyy-mm-dd)			
Part 4: Mandatory for Appellants							
Choose either A or B below:							
A. (If the rescinding person wishes to continue) I understand that I must comply with the rules of the Toronto Local Appeal Body and all its deadlines and undertake that I will appear at the Hearing(s).							
B. (If the rescinding person does not wish to continue) My first and only action in acting on my own behalf is to withdraw from the appeal. I understand that if I check this box, the Toronto Local Appeal Body will issue a decision to dismiss my appeal.							

**NOTE:** A Party or Participant must confirm an authorized Representative to act on their behalf by indicating such on Form 1 or by filing Form 5. If authorization changes, the Representative or person appointing the Representative must notify TLAB immediately by completing and filing a Form 5A. Representatives acting on behalf of a Party or Participant may give evidence under oath or affirmation except in the capacity of an 'Expert Witness'. Generally, with the exception of a family member or close acquaintance, a Representative requires qualifications recognized under the Law Society Act.

**NOTE:** Where a Party or Participant has appointed a Representative, service of documents, notices or materials on the Representative is deemed service on the Party or Participant, as the case may be.

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