

**Tribunal ontarien de l’aménagement du territoire**

655, rue Bay, suite 1500, Toronto (ON) M5G 1E5

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Site web : olt.gov.on.ca

**Affidavit de signification**

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| **No de CAUSE DU TOAT :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **INSTANCE INTRODUITE SOUS LE RÉGIME DE** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | (Préciser la loi et la ou les dispositions sous le régime desquelles l’instance a été introduite) | | | | | | | | | | | | | | | | | | | |
| **Partie(s) requérante(s)/appelante(s) :** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Objet :** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Adresse ou description de la propriété :** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Municipalité :** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Numéro de dossier/référence de la municipalité :** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Numéro de cause du TOAT :** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Numéro de dossier du TOAT :** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Intitulé de la cause du TOAT :** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Affidavit déposé au nom de :** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **AFFIDAVIT DE** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | (nom) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Je soussigné(e) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (nom et prénom du (de la) déposant(e)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (ville, municipalité, etc.) | | | | | | | | | | | | | | | | | | |  | | | | | (comté, district, municipalité régionale, etc.) | | | | | | | | | | |
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| (préciser la qualité dans l’instance, l’affiliation professionnelle ou le titre du poste) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | | | (date) | | | | | | | | | | | | | |  | | (heure) | | | | | | | | | |  |  |  | |  | | |
| J’ai signifié | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | (préciser les documents qui ont été signifiés) | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Mode de remise** (courriel, poste, service de messagerie, etc.) | | | | | | | | | |  | **Partie à laquelle la signification a été faite**  (nom de famille et prénom) | | | | | | | | | | | | | | |  | | **Préciser l’adresse physique ou électronique à laquelle la signification a été faite**  (adresse : numéro et nom de la rue, numéro d’appartement ou d’unité, ville/municipalité, province, code postal) | | | | | | | |
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| Déclaré sous serment (ou affirmé solennellement) devant moi à | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | (ville, municipalité, etc.) | | | | | | | |  | | Signature du (de la) déposant(e) | | | | | | | | | | |
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| dans | | | | |  | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
|  | | | | | (comté, district, municipalité régionale, etc.) | | | | | | | | | | | | | | | | |  | | Commissaire aux affidavits (ou la mention appropriée) | | | | | | | | | | |
| de | |  | | | | | | | | | | | | | | | | | | | |  | | ***(Le présent formulaire doit être signé devant un avocat, un juge de paix, un notaire ou un commissaire aux affidavits)*** | | | | | | | | | | |
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|  | | | | (date) | | | | | | | |  | | |  | | |  | | | |