



Ontario Land Tribunals  
**Local Planning Appeal Tribunal**  
655 Bay Street, Suite 1500 Toronto, Ontario M5G 1E5  
TEL: (416) 212-6349 or Toll Free: 1-866-448-2248  
[www.olt.gov.on.ca](http://www.olt.gov.on.ca)

LPAT Case Number

Date Received by LPAT

## **REQUEST FOR ISSUANCE OF A SUMMONS TO WITNESS FORM**

For proceedings initiated under Part I or III of the LPAT Rules. This request will not be available for a Part II appeal proceeding filed under subsections 17(24), 17(36), 22(7), 34(11), 34(19), and 51(34) in the *Planning Act*.

*The completed form must be returned to the LPAT by mail or email. The LPAT's Rules of Practice and Procedure require that a summons be served no later than 5 days before the time for attendance. Please ensure that your request is filed with the LPAT in sufficient time for it to be considered in advance of the attendance date. A form must be completed for each person you are requesting approval to summons.*

*If your request is approved, you will be provided with a summons and instructions for service.*

*Please refer to Rule 13.01 and 13.02 of the LPAT's Rules of Practice and Procedure for more information.*

### **Part 1: Request by (Party or Representative)**

First Name		Last Name	
Corporation Name or Association Name (Association must be incorporated)			
Position Title (if applicable)		Email	
Street Number	Street Name		Suite/Unit Number
City/Town		Province	Postal Code
Telephone Number		Alternate Number	

### **Part 2: Hearing Information**

Hearing Date (yyyy-mm-dd)	Hearing Time	Hearing Location
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### **Part 3: Witness for Whom a Summons is Being Requested**

Name:
Title:
Address:

### **Part 5: Witness Information**

Note the relationship of the person to the matter before the LPAT, the issues and the evidence that the person is to address, and explain the relevance of that evidence to the issues before the LPAT. Detailed information must be provided.

(If the LPAT is not satisfied from the information provided that the evidence to be provided by the person is relevant to the issues before the LPAT or admissible, the summons shall not issue.)

**Part 6: Requestor Signature**

Signature

Date (yyyy-mm-dd)

NOTE: Please return the completed form and any supporting documents in electronic and hard copy format to the Case Coordinator by E-mail or mail.



LPAT Office Use Only:

Approved

Request Further Information

Motion Required

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_