

**Ontario Land Tribunal**

655 Bay Street, Suite 1500, Toronto, ON M5G 1E5

Tel: 416 212-6349 | 1 866 448-2248

Web Site: olt.gov.on.ca

**Representative of a Party – Cessation of Authorization Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Notification to the Tribunal (yyyy/mm/dd):** | | | | | |  | | | | | | |
|  | | | | | | | | | | | | |
| **Case Information** | | | | | | | | | | | | |
| OLT Case No.: | | | Hearing Date (if known): | | | | | | | Municipality: | | |
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|  | | | | | | | | | | | | |
| I |  | | | , herby announce that I intend to cease acting as a | | | | | | | | |
|  | Name of Representative | | |  | | | | | | | | |
| representative for | |  | | | | | | as of |  | | in a proceeding | |
|  | | Name of Party | | | | | |  | Date (yyyy/mm/dd) | |  | |
| before the Ontario Land Tribunal concerning the above noted case number. | | | | | | | | | | | | |
|  | | | | |  | |  | | | | |  |
| **Signature of Representative** | | | | |  | | **Date (yyyy/mm/dd)** | | | | |  |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Party’s Declaration** | | | | | | | | | | | | |
| I declare that the information above is truthful, complete and correct. I acknowledge that I am aware that | | | | | | | | | | | | |
|  | | | | Intends to cease acting as my representative as of | | | | | | | | |
| Name of Representative | | | |  | | | | | | | | |
|  | | | |  | | | | | | | | |
| Date (yyyy/mm/dd) | | | |  | | | | | | | | |

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| --- | --- | --- | --- |
|  |  |  |  |
| **Signature of Party** |  | **Date (yyyy/mm/dd)** |  |
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