

**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 – Commencement of Authorization Form**

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| **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 authorize |  | to act |
|  | Name of Party Appointing Representative |  | Name of Representative |  |
| as my representative in all matters for the purposes of the above noted proceeding before the Ontario Land Tribunal. |
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| **Representative’s Contact Information** |
| Last Name: | First Name: |
|  |  |
| Name of firm or organization (if applicable): |  |
| Email Address: |  |
| Daytime Telephone Number: | Alternative Telephone Number: |
|  | Ext. |  |  |
| **Mailing Address** |
| Unit Number: | Street Number: | Street Name: | P.O. Box |
|  |  |  |  |
| City/Town: | Province: | Country: | Postal Code: |
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| **Representative’s Declaration** |
| I declare that the information provided above is truthful, complete and correct. 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. I have been authorized by the appointing party to represent him/her/it throughout the proceeding before the Ontario Land Tribunal and have the authority to bind the party with respect to withdrawal and all other issues. |
|  |  |  |  |
| **Signature of Representative** |  | **Date (yyyy/mm/dd)** |  |