

**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: |
|  |  |  |
|  |
| 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) |  |

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