

**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

**Affidavit**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OLT CASE NO.:** | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | |
| **PROCEEDING COMMENCED UNDER** | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | (Specify statute and provision under which proceeding was commenced) | | | | | | | |
| **Applicant(s)/Appellant(s):** | | | | | |  | | | | | | | | | | |
| **Subject:** | | | | | |  | | | | | | | | | | |
| **Property Address/Description:** | | | | | |  | | | | | | | | | | |
| **Municipality:** | | | | | |  | | | | | | | | | | |
| **Municipal File/Reference No.:** | | | | | |  | | | | | | | | | | |
| **OLT Case No.:** | | | | | |  | | | | | | | | | | |
| **OLT File No.:** | | | | | |  | | | | | | | | | | |
| **OLT Case Name:** | | | | | |  | | | | | | | | | | |
| **Affidavit file on behalf of:** | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **AFFIDAVIT OF** | | | |  | | | | | | | | | | | | |
|  | | | | (name) | | | | | | | | | | | | |
| I, |  | | | | | | | | | | | | | | | |
|  | (full name of affiant) | | | | | | | | | | | | | | | |
| of |  | | | | | | | | | | , in the | | |  | | |
|  | (City, Town, etc.) | | | | | | | | | |  | | | (County, District, Regional Municipality, etc.) | | |
|  | | | | | | | | | | | | | | | , MAKE OATH AND SAY (or AFFIRM): | |
| (specify party status, professional affiliation, and/or position title) | | | | | | | | | | | | | | |  | |
| (Set out the statements of fact in consecutively numbered paragraphs, with each paragraph being confined as far as possible to a particular statement of fact.) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  |  | | | |
| Sworn (or Affirmed) before me at the | | | | | | |  | | | | |
|  | | | | | | | (City, Town, etc.) | | | | |  | Deponent’s signature | | | |
| of |  | | | | | | | | | | |  |  | | | |
| in the | | |  | | | | | | | | |  | | | |
|  | | | (Count, District, Regional Municipality, etc.) | | | | | | | | |  | Commissioner for Taking Oaths (or as may be) | | | |
| of |  | | | | | | | | | | |  | ***(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)*** | | | |
| on | |  | | | , 20 | | |  | |  | |
|  | | (date) | | |  | | |  | |  | |