



**Township of North Dundas**  
 636 St. Lawrence Street, P.O. Box 489  
 Winchester, ON, K0C 2K0  
 T: (613) 774-2105 | F: (613) 774-5699  
 www.northdundas.com

## REQUEST FOR A REVIEW BY A SCREENING OR HEARINGS OFFICER

**Applicants are responsible for the completion and content of this form**

<b>Penalty Notice Recipient</b>		
Name (first and last)	Home Telephone	
Address	Other Telephone	
City	Fax Number	
Province	Postal Code	Email Address

<b>Penalty Notice Information (Infraction)</b>		
Please provide the information found on the Penalty Notice		
Penalty Notice No.	Penalty Date	Plate Number or Name on Penalty Notice
Location where the Infraction Occurred		
Offence	Section Number	

<b>Type of Request</b>
<input type="checkbox"/> Review by a Screening Officer to dispute Penalty Notice received
<input type="checkbox"/> Review by a Hearings Officer to dispute Decision of a Screening Officer

<b>Reason for Review</b> (you are required to provide specific reason(s))
<ul style="list-style-type: none"> <li>▪ Please provide a factual and detailed explanation of your reason(s) for your request</li> <li>▪ If you wish to support your request with images or other documentation, please attach them to this request</li> <li>▪ The Screening or Hearing Decision will be sent to you</li> </ul>
<b>Continued on next page.</b>

<b>Continued from page 1.</b>

**Attachment(s) included** (please check relevant box):  **Yes**  **No**

**Statement of Penalty Notice Recipient**

I represent and warrant that:

- I am the registered owner of the vehicle (for Parking Penalty Notices only); or
- I am the person named on the Penalty Notice (for Non-Parking Penalty Notices Only);
- I acknowledge that if I fail to appear and to remain at my scheduled In-Person Hearing until my matter has been determined by the Hearings Officer, I will be deemed to have abandoned my request for a Hearing, the Administrative Penalty will be affirmed, and I will be liable for any additional Administrative Fees; and
- I have read and understand the conditions of this application.

Signature	Date
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**Instructions for Submitting Request for Review Form**

Please submit your completed form to the Township of North Dundas by:

- a) **Regular letter mail to:** P.O. Box 489, 636 St. Lawrence St, Winchester, ON K0C2K0
- b) **Email scanned copy to:** info@northdundas.com
- c) **Facsimile (Fax) to:** 613-774-5699
- d) **In person at:** 636 St. Lawrence St, Winchester, ON K0C2K0

**INTERNAL USE ONLY**

<b>Application Received Date:</b>	
<b>Decision Date:</b>	
<b>Date Owner Notified:</b>	
<b>Notification by:</b> <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> In Person	
<b>Officer's Name:</b>	<b>Signature:</b>

Personal information contained on this form is collected and will be used for the purpose of administering the Township's AMPS By-law. Questions about this collection should be directed to the Township of North Dundas Clerk at 613-774-2105.