

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

| Penalty Notice | | ioi tile c | ompletion a | and content of this form | | |
|---|-------------|--------------|-------------|--|--|--|
| Name (first and last) | | | | Home Telephone | | |
| Address | | | | Other Telephone | | |
| City | | | | Fax Number | | |
| Province | Postal Code | | Email Addı | ress | | |
| | | | | | | |
| Penalty Notice Information (Infraction) 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 | | |
| | | | | | | |
| Type of Request | | | | | | |
| ☐ Review by a Screening Officer to dispute Penalty Notice received | | | | | | |
| ☐ Review by a Hearings Officer to dispute Decision of a Screening Officer | | | | | | |
| | | | | | | |
| Reason for Review (you are required to provide specific reason(s)) Please provide a factual and detailed explanation of your reason(s) for your request If you wish to support your request with images or other documentation, please attach them to this request The Screening or Hearing Decision will be sent to you | | | | | | |
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| 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 | | | | |
| Instructions for Cubmitting Democt for Deci | ian Fama | | | | |
| 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 | | | | | |
| Application Received Date: | | | | | |
| Decision Date: | | | | | |
| Date Owner Notified: | | | | | |
| Notification by: ☐ Email ☐ Mail | I □ Fax □ In Person | | | | |
| Officer's Name: | Signature: | | | | |
| | | | | | |

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