



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 EXTENSION TO OBTAIN A HEARING

Applicants are responsible for the completion and content of this form

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

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	

I was not able to request a Hearing within 30 days of the Penalty Date due to:		
<input type="checkbox"/> Personal Medical Emergency	<input type="checkbox"/> Travel Outside of the County on the following date:	<input type="checkbox"/> Other reasons specified below
Please note that extensions will not be granted where there is a contention that a ticket was not served. Municipal Law Enforcement Officers are trained to take a photo of a ticket on the vehicle. Mailed Penalty Notices are deemed served 7 days after being sent by regular mail.		

Reason for Request for Extension (you are required to provide specific reason(s))
<ul style="list-style-type: none"> Please provide a factual and detailed explanation of your reason(s) for your Extension request. If you wish to support your Extension Request with other documentation please attach them to this request. This form will be provided to you when it is either approved or denied.
Continued on next page.

Statement of Penalty Notice Recipient	
I represent and warrant that: <ul style="list-style-type: none"> • I am the registered owner of the vehicle bearing the number plate specified on the Penalty Notice (for Parking Penalty Notices Only); or • I am the person named on the Penalty Notice (for Non-Parking Penalty Notices Only); or • I am a third party authorized in writing to act on behalf of the vehicle owner or person named on the Penalty Notice and I will provide such written authorization to the screening officer. • I have read and understand the conditions of this application. 	
Signature	Date

Instructions for Submitting Request for Review Form
Please submit your completed form to the Township of North Dundas by: <ul style="list-style-type: none"> a) Regular letter mail to: P.O. Box 489, 636 St. Lawrence St, Winchester, ON K0C2K 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: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> 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.