



AMPappeals@thorold.com
 3540 Schmon Pkwy, Thorold, Ontario L2V 4A7
 Tel: 905-227-6613

AMPappeals@westlincoln.ca
 318 Canborough St., Smithville, ON L0R 2A0
 Tel: 905-957-3346

REQUEST FOR HEARING

Penalty Notice Recipient		
Name (<i>First and last</i>)		
Address	Home Telephone	
City	Other Telephone	
Postal Code	Province	Email Address

Authorized Representative (<i>To be completed if a Representative is accompanying the Penalty Notice Recipient. The City's Hearing Officer By-law restricts representatives to the following: a lawyer, a licensed paralegal or a person who is exempt from the requirement to be licensed by By-law passed pursuant to the Law Society Act, R.S.O. 1990, c.L.8)</i>)		
Name (<i>First and last</i>)		
Address	Home Telephone	
City	Other Telephone	
Postal Code	Province	Email Address

Penalty Notice Information (Infraction) (<i>Please provide the information found on the Penalty Notice</i>)		
Penalty Notice No.	Penalty Date	Plate Number or Name on Penalty Notice
Location where the Infraction Occurred (complete for non-parking Penalty Notices only)		
Offence		

Hearing Appointment Times
<ul style="list-style-type: none"> Hearings are held monthly on Wednesday mornings in Thorold, Ontario. Thorold will hold Hearings for appeals on behalf of the Township of West Lincoln. Your Hearing will be scheduled for the next available Wednesday. If you need to have your hearing held on a day/time other than the next available Wednesday you must request that the Hearing Officer extend the time to request a Hearing. This will require your attendance before the Hearing Officer on the next available Wednesday to explain the reasons for your extension request (which should be detailed on this request form). Extensions of time to request a Hearing will be subject to the decision of the Hearing Officer and depending on the decision of the Hearing Officer you should be prepared to proceed with your appeal on the same day. If submitting your request by email a notice will be sent to you confirming the date and time of your hearing.

Reason for Hearing Request (*you are required to provide specific reasons*)

- Please provide a factual and detailed explanation of your reasons for your Hearing Request.
 - If you wish to support your Hearing with images or other documentation please bring them with you.
- Note that any evidence not presented at your Screening is inadmissible at the Hearing.**
- The Hearing Officer decision will be provided to you at the Hearing or it will be sent you.

Attachment(s) included (*please check the 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);
- If I have reviewed the “Authorized Representative” section of this request and I authorize an “Authorized Representative” to accompany me and act on my behalf in this matter as permitted and I also understand that I must attend with the “Authorized Representative”;
- I acknowledge that if I fail to appear and to remain at my scheduled Hearing until my matter has been determined by the Hearing Officer, I will be deemed to have abandoned my request for a Hearing, the Administrative Penalty will be affirmed, I will be liable for an additional fee for having failed to appear (currently \$100.00) and understand that in relation to Parking Infractions that my penalty and fees will be referred to the Ontario Ministry of Transportation for the denial of my Ontario Vehicle permit application if the affirmed penalty and fees are not paid to the Township of West Lincoln, or the City of Thorold within the time frame set out in the by-law; and
- I have read and understand the conditions of this application.

Signature

Date

Instructions for Submitting Hearing Request Form*Please Submit your completed form to the Township of West Lincoln by:*

- a) Emailed scanned copy to: AMPappeals@westlincoln.ca
- b) In person at City Hall: 318 Canborough Street, Smithville ON L0R 2A0
- c) Email scanned copy to The Township of West Lincoln AMPappeals@westlincoln.ca and it will be forwarded on your behalf.

For Internal Use Only**Application Received****Appointment Information**

Date Stamp	Appointment Date	Appointment Time	Date Notified
	Registered Owner Notified by:		Penalty Notice Recipient's Initials
	<input type="checkbox"/> Email	<input type="checkbox"/> In Person	
Location: City Hall, 3540 Schmon Pkwy, Thorold, Ontario Screening: Committee Room 1			

Hearing Decision

Hearing Officer's Signature		Date
-----------------------------	--	------

Personal information contained on this form is collected and will be used for the purpose of administrating the Township's Administrative Penalty process. Questions about this collection should be directed to the Township of West Lincoln at 905-957-5130.