Request for Screening

AMPappeals@westlincoln.ca
Fax: 905-957-3219 **Tel:** 905-957-3346
318 Canborough Street, Smithville, ON
L0R 2A0

Penalty Notice Recipient	
Name *(first and last)*	Home Telephone
Address	Other Telephone
City	Fax Number
Postal Code / Province	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 *(complete for **non-parking** Penalty Notices only)*		
Offence		Section Number

Type of Screening Requested (*You are required to check **one** preferred method of Screening*)

☐ **Written Screening** ☐ In-Person Screening/remotely (Screening at Township Municipal Office)

Please Note: A Written Screening allows your Screening to be processed without your attendance at the Township Municipal Office.

- Upon request, an In-Person Screening can be scheduled
- You may also request a review by completing the information on the attached form. The scheduling of In-Person Screenings will based on demand.
- Your preference for a date and time will be considered but cannot be guaranteed. A Notice will be sent to you confirming the date and time of your Screening appointment.
- If submitting your request by mail, email scanned copy or fax, a notice will be sent to you confirming the date and time of your Screening appointment.
- In-Person Screening appointments cannot be rescheduled or adjourned.

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Reason for Screening *(you are required to provide specific reason(s))*

- Please provide a factual and detailed explanation of your reason(s) for your Screening request.
- If you wish to support your Screening with images or other documentation please bring them with you at your scheduled In-Person Screening (if applicable) **or** attach them to this request.
- The Screening Decision will be sent to you.

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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 <u>Parking Penalty Notices</u> only); or
- I am the person named on the Penalty Notice (for <u>Non-Parking Penalty Notices</u> only);
- I acknowledge that if I fail to appear and to remain at my scheduled In-Person Screening until my matter has been determined by the Screening Officer, I will be deemed to have abandoned my request for a Screening, the Administrative Penalty will be affirmed, and I will be liable for an additional fee for having failed to appear (currently $50.00), and

▪ I have read and understand the conditions of this application.

Signature _____   Date _____

For Internal Use Only

Application Received	Appointment Information		
Date Stamp:	Appointment Date	Appointment Time	Date Notified
	Registered Owner Notified by: ☐ Email ☐ Fax ☐ Mail ☐ In Person		
	Location: Township Office, 318 Canborough St., Smithville, ON L0R 2A0		

Screening Decision

Screening Officer's Signature	Date