

Penalty Notice Recipient		
Name ( <i>first and last</i> )		Home Telephone
Address		Other Telephone
City		Fax Number
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 <b>or</b> Name on Penalty Notice
Location where the Infraction Occurred ( <i>complete for <b>non-parking</b> Penalty Notices only</i> )		
Offence		Section Number

Type of Screening Requested ( <i>You are required to check <b>one</b> preferred method of Screening</i> )
<input type="checkbox"/> <b>In-Person Screening</b> (Screening at Township Municipal Office) <input type="checkbox"/> <b>Written Screening</b>
<b>Please Note:</b> A Written Screening allows your Screening to be processed without your attendance at the Township Municipal Office.

Complete this section <u>only</u> if you have selected to attend an <b>In-Person Screening</b> .
<ul style="list-style-type: none"> <li>▪ Upon request, an In-Person Screening can be scheduled</li> <li>▪ You may also request a review by completing the information on the attached form. The scheduling of In-Person Screenings will be based on demand.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ In-Person Screening appointments cannot be rescheduled or adjourned.</li> </ul>



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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 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 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 acknowledge that this ticket remains in effect, and it is my responsibility to ensure that I have received the decision from the Screening Officer.
  - I acknowledge that all time constraints stipulated by By-Law 2014-67 as amended are still in effect.
- 
- I have read and understand the conditions of this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions for Submitting In-Person Screening and Written Screening Request Form**

*Please submit your completed form to the Township of West Lincoln by:*

- a) **Regular letter mail to:** Township of West Lincoln, 318 Canborough St., Smithville, ON L0R 2A0
- b) **Emailed scanned copy to:** [AMPappeals@westlincoln.ca](mailto:AMPappeals@westlincoln.ca)
- c) **Facsimile (Fax) to:** 905-957-3219
- d) **In person to By-law Enforcement Division at:** Township Municipal Office, 318 Canborough St., Smithville, ON L0R 2A0

**For Internal Use Only**

Application Received		Appointment Information	
Date Stamp:	Appointment Date	Appointment Time	Date Notified
	Registered Owner Notified by:		
	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> In Person		
	<b>Location:</b> Township Office, 318 Canborough St., Smithville, ON L0R 2A0		
Screening Decision			
Screening Officer's Signature		Date	

Personal information contained on this form is collected and will be used only for the purpose of administering the Township's Administrative Monetary Penalty process. Questions about this form should be directed to the Township of West Lincoln's Freedom of Information Officer, Justin Paylove, Clerk at 905-957-3346.