

# AMPS Authorization Form

*Applicants are responsible for the completion and content of this form.*

Complete this form if you are authorizing a person to act on your behalf during a Screening Review or Hearing Review Appointment. The authorized person should bring this completed form with them.

I, the undersigned, hereby authorize:

To act and appear for me as my agent in the matter pertaining to the following Penalty Notice(s):

Penalty Notice Number:

If multiple Penalty Notices indicate others below:

Penalty Notice N°:

Penalty Notice N°:

Penalty Notice N°:

My authorized agent may enter a plea to any penalty he or she deems appropriate toward a conclusion of this matter.

I am aware that if there is a penalty (fine) to be paid after the Screening Review or Hearing Review, the ultimate responsibility to pay the fine rests with me.

\_\_\_\_\_  
Signature of Registered Owner

Date

\_\_\_\_\_  
Name of Registered Owner

\_\_\_\_\_  
Signature of Registered Owner (if more than one)

Date

\_\_\_\_\_  
Name of additional Registered Owner

The personal information on this form is collected in accordance with the Municipal Act, 2001 and will be used in the administration of the Administrative Monetary Penalty System. Questions about this collection can be directed to the By-Law Department, P.O. Box 343, 925 County Road 17, L'Orignal ON K0B 1K0, 613-678-3003, [normand.sauve@champlain.ca](mailto:normand.sauve@champlain.ca).

**NOTE:** This form must be printed, signed, and brought to the Screening Review or Hearing Review appointment by the agent named.