

Schedule D

Request for Extension to Obtain a Screening Form

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

Penalty Notice Recipient

Name (first and last):

Home Telephone:

Other Telephone:

Email Address:

Address:

City:

Province:

Postal Code:

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:

Reason for Request for Extension

I was not able to request a screening within 15 days of the Penalty Date due to:

Personal Medical Emergency

Travel Outside of the County on the following date:

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.



Schedule D – By-Law 2024-48 (AMPS)

Reason for Request for Extension: *You are required to provide specific reasons. 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.*

Attachment(s) included: Yes No



Statement of Penalty Notice Recipient

Represent and warrant that:

- I am the registered owner of the vehicle bearing the number plate specified in the Penalty Notice; 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 named in the Penalty Notice and 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 Champlain by:

1. Regular letter mail to: 925 County Rd 17, P.O. Box 343, L'Orignal, ON, KOB 1K0
2. Email scanned copy to: info@champlain.ca
3. In person at: 925 County Rd 17, L'Orignal, ON, KOB 1K0

Internal Use Only

Application Received Date:

Decision Date:

Date Owner Notified:

Notification by:

Email

Mail

In Person

Officer's Name:

Officer's Signature

Personal information contained on this form is collected and will be used for the purpose of administering the Township's AMPS By-law. Questions about this collection should be directed to the Township of Champlain 613-678-3003.