

Schedule C

Request for a Review by a Screening or Hearing Officer

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 (civic/unit, street):

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:

Request

Type of Request:

Review by a Screening Officer to dispute Penalty Notice received

Review by a Hearings Officer to dispute Decision of a Screening Officer



Schedule C – By-Law 2024-48 (AMPS)

Reason for Review: *Please provide a factual and detailed explanation of your reason(s) for your request. If you wish to support your request with images or other documentation, please attach them to this request. The Screening or Hearing Decision will be sent to you.*

Attachment(s) included: 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 Hearing until my matter has been determined by the Hearings Officer, I will be deemed to have abandoned my request for a Hearing, the Administrative Penalty will be affirmed, and I will be liable for any additional Administrative Fees; and
- I have read and understand the conditions of this allocation.

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, K0B 1K0
2. Email scanned copy to: info@champlain.ca
3. In person at: 925 County Rd 17, L'Orignal, ON, K0B 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.