Township of Huron-Kinloss
P.O. Box 130, 21 Queen Street
Ripley, ON, N0G 2R0
T: (519) 395-3735 | F: (519) 395-4107
www.huronkinloss.com

REQUEST FOR A REVIEW BY A SCREENING OR HEARINGS OFFICER

Applicants are responsible for the completion and content of this form

Penalty Notice Recipient		
Name (first and last)		Home Telephone
Address		Other Telephone
City		Fax Number
Province	Postal Code	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		
Offence		Section Number

Type of Request

☐ Request a review by a Screening Officer to dispute a Penalty Notice, or

☐ Request an extension of time to pay Penalty Notice by meeting with the Screening Officer

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

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

- Please provide a factual and detailed explanation of your reason(s) for your request
- If you wish to support your request with evidence such as images or other documentation, please include them with this request. All evidence must be submitted with this form to be considered at the time of the screening hearing.

Continued on next page.

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Attachment(s) included (please check relevant box): ☐ **Yes** ☐ **No**

Statement of Penalty Notice Recipient

I represent and warrant that:

- I am the person named on the Penalty Notice;
- I acknowledge that if I fail to appear or to remain at my scheduled Hearing until my matter has been concluded 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 application.
- I would like to receive written correspondence by: ____Email ____Fax or ____Mail

Signature	Date

Instructions for Submitting Request for Review Form

Please submit your completed form to the Township of Huron-Kinloss by:

a) **Canada Post to:** 21 Queen St., P.O. Box 130, Ripley, ON, N0G 2R0
b) **Email copy to:** clerk@huronkinloss.com
c) **Facsimile (Fax) to:** 519-395-4107, or
d) **In person at:** 21 Queen St., Ripley, ON, N0G 2R0

INTERNAL USE ONLY			
Application Received Date:		**Date and Time for Review:**	
Review Format: ☐ Phone	☐ Email	☐ Online	☐ In Person at Municipal Office
Date Owner Notified of Review Date:			
Notification by: ☐ Email	☐ Mail	☐ Fax	☐ In Person
Name:		**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 Huron-Kinloss Clerk at 519-395-3735.