

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 Addr	ress		
Penalty Notice Please provide t				ty Notice		
Penalty Notice No.		Penalty Date		Plate Number or Name on Penalty Notice		
Location where the Infraction Occurred						
Offence				Section Number		
Type of Reques	st					
☐ 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:EmailFax orMail Signature					
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					
INTERNA	AL 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 ☐ Mai					
Name:	Signature:				

In accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, personal information is collected under the authority of the Municipal Act, 2001 for the purpose of creating a record to facilitate an appeal under the Township's Administrative Monetary Penalty System. Questions about the collection of personal information may be addressed to the Clerk at the Township of Huron-Kinloss, 21 Queen Street P.O. Box 130 Ripley ON, N0G 2R0. (519) 395-3735.