## SCHEDULE "C" Request for a Review Form

## REQUEST FOR A REVIEW BY A SCREENING OR HEARINGS OFFICER

Applicants are recognitive fauthy association as 1 111 ft (111 ft

Penalty Notice Recipie	ent				
Name (first and last) Address City		Other Telephone  Fax number			
			Province	Postal Code	Email address
Penalty Notice Inform					
Please provide the info					
Penalty Notice No.	Penalty Date	Plate Number or Name on Penalty Notice			
Location where the infi	action Occurred				
Offence		Section Number			
Type of Request					
		e Penalty Notice Received			
Review by a Hearing	s Officer to dispute	Decision of a Screening Officer			
<ul> <li>Please provide request.</li> <li>If you wish to suattach them to the</li> </ul>	a factual and deta apport your request his request	provide specific reason(s)) ailed explanation of your reason(s) for your with images or other documentation, please will be sent to you			
		Continued on next page			

## SCHEDULE "C" Request For a Review Form

Continued

Continued from page 1.			
Attachment(s) included (please check relevant box): Yes	No		
Statement of Penalty Notice Recipient			
I represent and warrant that:			
<ul> <li>I am the registered owner of the vehicle (for Parking</li> </ul>	Penalty Notices only); or		
I am the person named on the Penalty Notice (for Non-Parking Penalty Notices)			
Only);			
<ul> <li>I acknowledge that if I fail to appear and to remain a</li> </ul>	t 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 a			
Fees; and			
<ul> <li>I have read and understand the conditions of this ap</li> </ul>	plication.		
Signature	Date		

## Instructions for Submitting Request for Review Form

Please submit your completed form to the Township of Alfred and Plantagenet by:

- a) Regular letter mail to: 205 Old Hwy 17, P.O. Box 350 Plantagenet ON K0B 1L0
- b) Email scanned copy to: arochefort@alfred-plantagenet.com
- c) In person at: 205 Old Hwy 17, Plantagenet, ON K0B 1L0

INTERNA	AL USE ONLY
Application Received Date:	
Decision Date:	
Date Owner Notified:	
Notification by: Email Mail In Pe	rson
Officer's Name:	Signature:

Personal information contained on this form is collection 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 Alfred and Plantagenet Clerk at 613-673-4797.