BY-LAW No. 20-2023

Schedule "F"

Request for Extension to Obtain a Hearing Form

Applicants are responsible for the completion and content of this form. **Penalty Notice Receipt** 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 I was not able to request a Hearing within 30 days of the Penalty Date due to: [] Personal Medical Emergency [] I Travel Outside of the County on the () Other reasons specified below following date: 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 mall. Reason tor Request for Extension (you are required to provide specific reason (s)) Please provide a factual and detailed explanation of your reason(S) for your Extension request If you wish to support your Extension Request With oner documentation, please attach them to this request This form will be provided to you when it is either approved or denied.

Continued on next page.

BY-LAW No. 20-2023

Schedule "F"

Request for Extension to Obtain a Hearing Form

Continued from page 1.
Attachment(s) included (please check the relevant box: () Yes () N

BY-LAW No. 20-2023

Schedule "F"

Request for Extension to Obtain a Hearing Form

Statement of Penalty Notice Recipient					
I represent and warrant that:					
I am the registered owner of the vehicle bearing the number plate specified in the Penalty Notice or;					
 I am a third party authorized in writing to action behalf of the vehicle owner named in the Penalty Notice and I 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 North Glengarry by:					
a) Regular letter mail to: 3720 County Rd 34 RR 2, Alexandria, ON, K0C 1A0					
b) Email scanned copy to: info@northdundas.com					
C) Facsimile (Fax): 613-525-1649					
d) In person at: 3720 County Rd 34, Alexandria, ON, K0C 1A0					

INTERNAL USE ONLY								
Application Received	d Date:							
Decision Date:								
Date Owner Notified	:							
Notification by:	Email	Mail	Z Fax	In Person				
Officer's Name:		Signa	ature:					

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 North Glengarry at 613-525-1116.