

BY-LAW No. 20-2023
Schedule "E"
Request for Extension to Obtain a Screening Form

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	Plata Number or Nama on Penalty Notice
Location where the Infraction Occurred		
Offence	Section Number	

I was not able to request a screening within 15 days of the Penalty Date due to:		
<input type="checkbox"/> Personal Medical Emergency	<input type="checkbox"/> Travel Outside of the County on the following date:	<input type="checkbox"/> Other reasons specified below
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 aner Being sent By regular mail.		
Reason for Request for Extension you are required to provides specific reasons		
<ul style="list-style-type: none"> • Please provide a tactual and detailed explanation of your reason(S) for your Extension request. • It you Wish to support your Extension Request With other documentation, please attach them to this request • This form will be provided to when it is either approved or denied. 		
Continued on next page.		

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Statement of Penal Notice Recipient	
Represent and warrant that: <ul style="list-style-type: none"> 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 act on behalf of the vehicle owner named in the Penalty Notice and 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: <ul style="list-style-type: none"> a) <i>Regular letter mail to:</i> 3720 County Rd 34, RR 2, Alexandria, ON, K0C 1A0 b) <i>Email scanned copy to:</i> info@northglengarry.ca c) <i>Facsimile (Fax) to:</i> 613-525-1649 d) <i>In person at:</i> 3720 County Rd 34, Alexandria, ON, K0C 1A0

INTERNAL USE ONLY	
Application Received Date:	
Decision Date:	
Date Owner Notified:	
Notification by: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> In Person	
Officer's 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 North Glengarry at 613-525-1116.