

BY-LAW No. 20-2023
Schedule “D”
Request for a Review Form

REQUEST FOR A REVIEW BY A SCREENING OR HEARING 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
() Review by a Screening Officer to dispute Penalty Notice received
() Review by a Hearing Officer to dispute Decision of a Screening Officer

Reason for Review (you are required to provide specific reason(s))
<ul style="list-style-type: none"> ● Please provide a factual and detailed explanation of your reason(s) for your request ● If you wish to support your request with images or other documentation, please attach them to this request ● The Screen' Or Hearing Decision will sent to you
Continued next page.

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Penalty Notice No.	Penalty Date	Plate Number or Name on Penalty Notice
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Type of Request
<input type="checkbox"/> Review by a Screening Officer to dispute Penalty Notice received
<input type="checkbox"/> Review by a Hearing Officer to dispute Decision of a Screening Officer

Reason for Review (you are required to provide specific reason(s))
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Continued on next page.

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Continued from page 1.	
Attachment(s) included (please check relevant box): () Yes () No	
Statement of Penalty Notice Recipient	
I represent and warrant that: I am the registered owner of the vehicle (for Parking Penalty Notices only); or I am the person named on the Penalty Notice (for Non-Parking Penalty Notices Only); I acknowledge that if I fail to appear and to remain at my scheduled In-Person Hearing until my matter has been determined by the Hearing 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 a location.	
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@northglengarry.ca c) Facsimile (Fax) to: 613-525-1649 d) In person at: 3720 County Rd 34, Alexandria, ON, K0C 1A0	
INTERNAL USE ONLY Application Received Date:	
Decision Date:	
Date Owner Notified:	
Notification by: () Email () Mail () Fax () 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 613-525-1116.