



Request for Screening

AMPappeals@thorold.com

Tel: 905-227-6613

3540 Schmon Pkwy, Thorold, ON L2V 4A7

| Penalty Notice Recipient | | |
|--------------------------------|----------|-----------------|
| Name (<i>First and last</i>) | | |
| Address | | Home Telephone |
| City | | Other Telephone |
| Postal Code | Province | Email Address |

| Penalty Notice Information (Infraction) (<i>Please provide the information found on the Penalty Notice</i>) | | |
|---|--------------|--|
| Penalty Notice No. | Penalty Date | Plate Number or Name on Penalty Notice |
| Location where the Infraction Occurred (complete for non-parking Penalty Notices only) | | |
| Offence | | |

| Type of Screening Requested (you are required to check one preferred method of Screening) |
|---|
| <input type="checkbox"/> In-Person Screening (Screening at City Hall) <input type="checkbox"/> Written Screening |
| <p>Please Note: A Written Screening allows your Screening to be processed without your attendance at City Hall.</p> |

| Screening Appointment Times |
|---|
| <ul style="list-style-type: none"> ▪ Screenings will be scheduled for the next available Thursday. ▪ If you are not available to attend an In-Person Screening on a specific Thursday, please include this information on your Screening Request form with the reason for your inability to attend. The scheduling of Screenings will only be delayed by a maximum of two weeks. ▪ Your preference for a date will be considered but cannot be guaranteed. A notice will be sent to you confirming the date and time of your Screening appointment. ▪ If submitting your request by email, a notice will be sent to you confirming the date and time of your screening appointment. ▪ In-Person Screening appointments cannot be rescheduled or adjourned. |

Reason for Screening *(you are required to provide specific reasons)*

- Please provide a factual and detailed explanation of your reasons for your Screening request.
- If you wish to support your Screening with images or other documentation please bring them with you at your scheduled In-Person Screening (if applicable) **or** attach them to this request.
- The Screening Decision will be sent to you.

Continued on next page

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Attachment(s) included (please check the 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 Screening until my matter has been determined by the Screening Officer, I will be deemed to have abandoned my request for a Screening, the Administrative Penalty will be affirmed, and I will be liable for an additional fee for having to failed to appear (currently \$50.00), and
- I have read and understand the conditions of this application.

Signature

Date

Instructions for Submitting In-Person Screening and Written Screening Request Form

Please Submit your completed form to the City of Thorold by:

- a) Emailed scanned copy to: AMPappeals@thorold.com
- b) In person at City Hall: 3540 Schmon Pkwy, PO Box 1044, Thorold, ON L2V 4A7

For Internal Use Only

| Application Received | Appointment Information | | |
|-------------------------------|--|------------------|--|
| Date Stamp | Appointment Date | Appointment Time | Date Notified |
| | Registered Owner Notified by: <input type="checkbox"/> Email <input type="checkbox"/> In Person | | Penalty Notice Recipient's Initials |
| | Location: City Hall, 3540 Schmon Pkwy, Thorold, Ontario Screening: Committee Room 1 | | |
| Screening Decision | | | |
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| | | | |
| Screening Officer's Signature | | Date | |

Personal information contained on this form is collected and will be used for the purpose of administrating the City's Administrative Penalty process. Questions about this collection should be directed to the City Clerk at 905-227-6613.