

## Request for AMPS PARKING Screening Review

**Tel:** 905-892-2607 **Email:** AMPSappeals@pelham.ca 20 Pelham Town Square PO Box 400, Fonthill, Ontario, Canada, L0S 1E0

| Penalty Notice Recipient  |                            |  |  |  |  |  |
|---|----------------------------|--|--|--|--|--|
| Name (first and last)   |                            | Home Telephone                                     |  |  |  |  |
| Address   |                            | Other Telephone                                    |  |  |  |  |
| City  |                            | Fax Number   |  |  |  |  |
| Postal Code   | Province                   | Email Address                                      |  |  |  |  |
|   |                            |  |  |  |  |  |
| <b>Penalty Notice Information (Infraction)</b> (Please provide the information found on the Penalty Notice)   |                            |  |  |  |  |  |
| Penalty Notice No.  | Penalty Date               | Penalty Notice Issue Date                          |  |  |  |  |
| Offence   |                            |  |  |  |  |  |
|   |                            |  |  |  |  |  |
| Type of Screening Requeste  | <b>d</b> (You are required | to check <b>one</b> preferred method of Screening) |  |  |  |  |
| ☐ In-Person Screening (Screening at Town Hall) ☐ Virtual Screening Via Zoom (email required)  |                            |  |  |  |  |  |
| ☐ Written Screening (email required)  |                            |  |  |  |  |  |
| <b>Please Note:</b> A Written Screening allows your Screening to be processed without your attendance at Town Hall.   |                            |  |  |  |  |  |
|   |                            |  |  |  |  |  |
| <ul> <li>Complete this section only if you have selected to attend an In-Person Screening.</li> <li>Please check your preferred Screening appointment date / time below.</li> <li>A Screening Officer will contact you to book your screening review. Your preference for a date and time will be considered but cannot be guaranteed.</li> <li>A Notice will be sent to you confirming the date and time of your Screening appointment.</li> <li>A Request for Screening review may be submitted by mail, email or via Town of Pelham drop-box.</li> <li>In-Person Screening appointments cannot be rescheduled or adjourned.</li> </ul> |                            |  |  |  |  |  |
| Screening Appointment: Preferred Day of the Week  |                            |  |  |  |  |  |
| ☐ Monday ☐ Tuesday  | ☐ Wedneso                  | day □ Thursday □ Friday                            |  |  |  |  |
| Screening Appointment Time:   |                            |  |  |  |  |  |
| □ Morning □ Afternoon   |                            |  |  |  |  |  |

| Reason for Screening (you are required to provide specific reason(s)) |  |  |  |  |  |
|---|--|--|--|--|--|
| :   | Please provide a factual and detailed explanation of your reason(s) 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) <b>or</b> attach them to this request. If you are attending the Screening either in person or virtually, The Screening Decision will be given to you in person immediately following the Review. If you are not attending the Screening the decision will be communicated to you by email or regular mail.  |  |  |  |  |
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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 person whose name appears on the issued Penalty N                                    | lotice OR I am an authorized      |  |  |  |  |
| person representing the company whose name appears on the issued Penalty Notice.              |                                   |  |  |  |  |
| I acknowledge that if I fail to appear and to remain at my scheduled In-Person or Virtual     |                                   |  |  |  |  |
| Review until my matter has been determined by the Screening Officer, I will be deemed to have |                                   |  |  |  |  |
| abandoned my request for a Review, the Administrative Penalty will be                         | be affirmed, and I will be liable |  |  |  |  |
| for an additional \$50.00 fee for having failed to appear, and I have re-                     | ad and understand the             |  |  |  |  |
| conditions of this application.   |                                   |  |  |  |  |
| Signature   | Date                              |  |  |  |  |
|   |                                   |  |  |  |  |
|   |                                   |  |  |  |  |
| Instructions for Submitting In-Person Screening and Written Scr                               | eening Reguest Form               |  |  |  |  |
| Please submit your completed form to the Town of Pelham by:                                   | coming request 1 offi             |  |  |  |  |
| a) Regular letter mail to: Town of Pelham, Town Hall, P.O. Box 400                            | ), 20 Pelham Town Square.         |  |  |  |  |

- a) Regular letter mail to: Town of Pelham, Town Hall, P.O. Box 400, 20 Pelham Town Square, Fonthill, Ontario, Canada, L0S 1E0
- b) Emailed scanned copy to: AMPSappeals@pelham.ca
- c) In person/ drop box to the *Town Clerk* at: Pelham Town Hall, Attn: AMPS Screening Division, 20 Pelham Town Square, Fonthill, Ontario, L0S 1E0

| For Internal Use Only                        |  |                  |                      |  |  |  |  |
|--|--|------------------|----------------------|--|--|--|--|
| Application Received Appointment Information |  |                  |                      |  |  |  |  |
|  |  |                  |                      |  |  |  |  |
| Date Stamp:                                  | Appointment Date   | Appointment Time | Date Notified        |  |  |  |  |
|  |  |                  |                      |  |  |  |  |
|  | Penalty Notice Recipient Notified by:                                  |                  | Penalty Notice       |  |  |  |  |
|  |  |                  | Recipient's Initials |  |  |  |  |
|  | □ Email □ Fax □  | Mail ☐ In Person |                      |  |  |  |  |
|  | Location: Town Hall, 20 Pelham Town Square, Fonthill, Ontario,         |                  |                      |  |  |  |  |
|  | Canada, L0S 1E0  |                  |                      |  |  |  |  |
|  | <ul> <li>Screening: Conference Room OR Virtual (circle one)</li> </ul> |                  |                      |  |  |  |  |
| 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 administering the City's Administrative Penalty process. Questions about this collection should be directed to the Town of Pelham Freedom of Information Officer at 905-892-2607.