



PORT COLBORNE

Request for Screening Parking & Non-Parking

AMPsappeals@portcolborne.ca

Fax: 905-835-2939 **Tel:** 905-835-2900

3 Killaly Street West, Port Colborne, ON L3K 2L5

Penalty Notice Recipient		
Name <i>(first and last)</i>		Home Telephone
Address		Other Telephone
City		Fax Number
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	Vehicle
Location where the Infraction Occurred		
Offence		By-law and Section Number

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

Complete this section only if you have selected to attend an In-Person Screening .
<ul style="list-style-type: none"> ▪ Screenings will be scheduled for the next <u>available</u> date and time ▪ If you are not available to attend an In-Person Screening on a specific date, 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. ▪ A Notice will be sent to you confirming the date and time of your Screening appointment. ▪ If submitting your request by mail, email scanned copy or fax, 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.

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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 failed to appear, 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 Port Colborne by:

- a) **Regular letter mail to:** City of Port Colborne, City Hall, 66 Charlotte St., Port Colborne, ON L3K 3C8
- b) **Emailed scanned copy to:** AMPSappeals@portcolborne.ca
- c) **Facsimile (Fax) to:** 905-835-2939
- d) **In person to By-law Enforcement Division at:** Fire Hall, 3 Killaly St. W, Port Colborne, ON L3K 2L5

For Internal Use Only

Application Received	Appointment Information		
Date Stamp:	Appointment Date	Appointment Time	Date Notified
	Registered Owner Notified by:		Penalty Notice Recipient's Initials
	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	
Location: City Hall, 66 Charlotte St., Port Colborne, ON L3K 3C8			
▪ Screening: Conference Room,			
Screening Decision			
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 City of Port Colborne's Freedom of Information Officer at 905-835-2900.