



**Request for Screening or Hearing
(By-laws Other Than Parking)**

AMPappeals@oshawa.ca

Fax: 905-436-5689 Tel: 905-436-3311

50 Centre Street South, Oshawa, ON L1H 3Z7

Request for (please check one): <input type="checkbox"/> Screening <input type="checkbox"/> Hearing <input type="checkbox"/> Extension of Time for a Screening or Hearing	Today's Date
---	--------------

Applicant

Name (first and last)		Home Telephone
Address		Other Telephone
City		Fax Number
Postal Code	Province	Email Address

Authorized Representative (to be completed if a Representative is **accompanying** the Applicant; **Please Note For Hearings:** The City's Hearings Officer By-law restricts Representatives to the following: lawyer, a licensed paralegal or a person who is exempt from the requirement to be licensed by By-law passed pursuant to the Law Society Act, R.S.O. 1990, c. L.8)

Name (first and last)		Home Telephone
Address		Other Telephone
City		Fax Number
Postal Code	Province	Email Address

Penalty Notice (please provide the information found on the Penalty Notice)

Penalty Notice No.	Penalty Date	Name (listed on Penalty Notice)
--------------------	--------------	---------------------------------

Location (associated with Penalty Notice)

Offence (including By-law **and** section reference)

Reason for Screening or Hearing Request (specific reason(s) required)

Preferred Appointment Time: Tuesday of Every Week (please check your preferred time period)

9:00 A.M. – 10:00 A.M.
 10:30 A.M. – 12:00 P.M.
 1:00 P.M. – 2:00 P.M.
 2:30 P.M. – 4:00 P.M.

Please note: Your preference will be considered and, if possible, accommodated, but cannot be guaranteed. Your appointment will be fixed for the time period set out in a notice which will be sent to you.

Statement of Applicant I represent and warrant that:

- * I am the person named on the penalty notice; or
- * If I have completed the "Authorized Representative" section above, I authorize that Representative to accompany me and act on my behalf in this matter as permitted;
- * I acknowledge that if I fail to appear or remain until my matter has been determined by the Screening Officer or the Hearings Officer, the consequences may include: Affirmation of Penalty Notice; Imposition of a 'Failure to Appear' fee of \$50 for Screenings or \$100 for Hearings; and
- * I have read and understand the conditions of this application.

Signature of Applicant

For Internal Use Only

Application Received	Appointment Information		
Date Stamp:	Appointment Date	Appointment Time	Date Notified
	Applicant Notified by:		Applicant's Initials
	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail <input type="checkbox"/> Other
	Location: City Hall, 50 Centre St S, Oshawa, Ontario. ▪ Screening: Conference Room, "C" Wing (Behind the Committee Room). ▪ Hearing: Committee Room, Council Building.		

Screening or Hearing Result

Decision	Screening or Hearing Officer Signature
----------	--

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* 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 Oshawa's Freedom of Information Co-ordinator 905-436-3311.