



SCHEDULE "C"

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		
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
<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))
<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 Screening or Hearing Decision will be sent to you
Continued on next page.



SCHEDULE “C”

Request for a Review Form Continued

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 Screening or Hearing review until my matter has been determined by the Screening or Hearing Officer, I will be deemed to have abandoned my request for a Screening or Hearing review, 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 application.

Signature

Date

Instructions for Submitting Request for Review Form

Please submit your completed form to the Township of Russell by:

- a) Regular letter mail to: 717 Notre-Dame St, Embrun ON K0A 1W1
- b) Email scanned copy to: bylaws.reglements@russell.ca
- c) In person at 225 Industriel St, Embrun ON

INTERNAL USE ONLY

Application Received Date:

Decision Date:

Date Owner Notified:

Notification by: ☐ Email ☐ Mail ☐ In Person

Officer's Name:

Signature:

Personal information contained on this form is collected and will be used for the purposes of administering the Township's AMPS Bylaw. Questions about this collection should be directed to the Township of Russell Director of Public Safety and Enforcement at 613-443-3066.