



## Penalty Notice Screening Request Form

### By-Law Ticket Information

Contravention Number	
Issue Date (MM/DD/YYYY)	

### Personal Information

First Name	
Last Name	
Address	
City	
Province / State	
Phone Number	
Email Address	

Please provide details surrounding the issuance of the Penalty Notice (attachments may be provided)

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By signing below, I affirm the information submitted to be true and correct and I acknowledge my understanding of the following:

- I must submit a separate request for each penalty notice I choose to contest;
- The Screening Officer considers the full penalty when making their decision; no discount of the Penalty Notice is applicable;
- The decision of the Screening Officer will be sent to the e-mail address provided as part of my Request for Screening;
- Where the Screening Officer reduces or upholds the penalty, that amount is due and payable within 7 calendar days of the decision being provided to me;
- Once the decision of the Screening Officer has been provided to me, no further communication with the Screening Officer will occur as their decision is final;
- If I disagree with the decision of the Screening Officer, I may request a hearing by a Provincially-appointed Adjudicator;
- Any request for adjudication must be submitted within 7 calendar days of the decision of the Screening Officer being given to me; and
- There is a \$25 fee for requesting adjudication.

\_\_\_\_\_  
Applicant signature

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Date (MM/DD/YYYY)