



# Municipality of St.-Charles

PO Box 70, 2 King St East  
St.-Charles, ON, P0M 2W0  
www.stcharlesontario.ca

## REQUEST FOR A REVIEW BY A SCREENING OR HEARINGS 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		Fax Number
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 (to be undertaken in writing) <input type="checkbox"/> Request to meet with the Screening Officer in person to conduct review.
<input type="checkbox"/> Review by a Hearings 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"><li>▪ Please provide a factual and detailed explanation of your reason(s) for your request</li><li>▪ If you wish to support your request with images or other documentation, please attach them to this request</li><li>▪ The Screening or Hearing Decision will be sent to you</li></ul>

**Continued on next page.**

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Attachment(s) included (please check relevant box):  Yes  No

**Statement of Penalty Notice Recipient**

I represent and warrant that:

- I am the person named on the Penalty Notice;
- I acknowledge that if I fail to appear and to remain at my scheduled Hearing until my matter has been determined by the Hearings Officer, I will be deemed to have abandoned my request for a Hearing, 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 Municipality of St.-Charles by:

- a) **Regular letter mail to:** 2 King Street East PO Box 70, St.-Charles ON P0M 2W0
- b) **Email scanned copy to:** [tgodden@stcharlesontario.ca](mailto:tgodden@stcharlesontario.ca)
- c) **Facsimile (Fax) to:** 705-867-5789
- d) **In person at:** 2 King Street East, St.-Charles ON P0M 2W0

**INTERNAL USE ONLY**

**Application Received Date:**

**Decision Date:**

**Date Owner Notified:**

**Notification by:**  Email  Mail  Fax  In Person

**Officer's Name:**

**Signature:**

Personal information contained on this form is collected and will be used for the purpose of administering the Municipality's AMPS By-Law. Questions about this collection should be directed to the Municipality of St.-Charles Clerk at 705-867-2032.