MUNICIPALITY OF CENTRAL MANITOULIN ADMINISTRATIVE MONETARY PENALTY SYSTEM BY-LAW 2023-13

SCHEDULE "B" 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 Emai		Email Addr	ess		
Penalty Notice Information (Infraction)						
Penalty Notice No.	Penalty D		te	Plate Number or name on Penalty Notice		
Location where the Infraction Occurred						
Offence				Section Number		
Type of Request						
☐ Review by a Screening Officer to dispute Penalty Notice receiver (to be undertaken in writing) ☐ Request to meet with the Screening Officer in person to conduct review						
Review by a Hearing Officer to dispute Decision of a Screening Officer						
Reason for Review (you are required to provide specific reason(s)						
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.						
Attachment(s) included (please check relevant box) \(\subseteq \text{ Yes} \subseteq \text{No} \)						
Statement of Peneltay 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 sch	heduled In-Person 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 Central Manitoulin by:						
Regular letter mail to: 6020 Hwy 542 P.O. Box 420 Mindemoya, ON. P0P 1S0						
Email scanned copy to: ddeforge@centralmanitoulin.ca						
Facsimile (Fax) to: 705-377-5585						
In person at: 6020 Hwy 542, Mindemoya, ON. P0P 1S0						
OFFICE USE ONLY						
Application Received Date:						
Decision Date:						