

Authorization To Act As Agent

Required fields are marked with asterisks (*)

Complete this form if you are authorizing someone else to act on your behalf in relation to a Penalty Notice. I/we, the undersigned, am the registered owner(s) of the vehicle bearing Plate Number:

I/we hereby authorize the following person to act and appear for me as my agent in the matters pertaining to the following Penalty Notice(s):

Agent's First Name *

Agent's Last Name *

Penalty notice number *

Penalty notice issued on *

Vehicle Licence Plate Number *

Registered Owners First Name *

Registered Owners Last Name *

Street Address *

Town/City *

Province *

Postal Code *

Phone Number *

Email Address *

I/we authorize the agent to act on my behalf in relation to the above Penalty Notice(s) and to enter an agreement to any penalty or resolution the agent deems appropriate toward a conclusion of this matter.

I/we am aware that if there is an administrative penalty and/or administrative fees to be paid after the Screening Review or Hearing Review, the ultimate responsibility to pay these amounts rests with me.

Sign to Authorize

Date:
