

## **Township of Stone Mills**

4504 County Rd. 4, Centerville, ON, K0K 1N0 T: (613) 378-2475 | F: (613) 378-0033

www.stonemills.com

## 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 Addı	ress		
			I			
Penalty Notice Information (Infraction) Please provide the information found on the Penalty Notice						
Penalty Notice No.		Penalty Date		Name on Penalty Notice		
Location where the Infraction Occurred						
Offence				Section Number		
T CD						
Type of Request  ☐ Review by a Screening Officer to dispute Penalty Notice received						
□ Review by a Screening Officer to dispute Penalty Notice received □ Review by a Hearings Officer to dispute Decision of a Screening Officer						
- Noview by a ricalings emedite dispate bedision of a defecting emicer						
<ul> <li>Reason for Review (you are required to provide specific reason(s))</li> <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>						
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				Continued on next page.		

Continued from page 1.						
Attachment(s) included (please check relevant box): ☐ Yes ☐ No						
Statement of Penalty Notice Recipient						
I represent and warrant that:						
<ul> <li>I am the person named on the Penalty Not</li> </ul>						
<ul> <li>I acknowledge that if I fail to appear and to</li> </ul>						
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						
<ul> <li>I have read and understand the conditions</li> </ul>	of this application.					
Signature		Date				
3						
Instructions for Submitting Request for Review Form						
Please submit your completed for to the Township of Stone Mills by:						
a) Regular letter mail to: 4504 County Rd. 4, Centerville, On, K0K 1N0						
b) Email scanned copy to: noreply@stonemills.com						
c) Facsimile (Fax) to: 613-378-2475 d) In person at: 4504 County Rd. 4, Centerville, On, K0K 1N0						
a) III person at. 4504 County Na. 4, Centerville, On, Non INO						
INTERNAL USE ONLY						
Application Received Date:						
Decision Date:						
Date Owner Notified:						
Notification by: ☐ Email ☐ Mai	l □ 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 Township's AMPS By-law. Questions about this collection should be directed to the Township of Stone Mills Clerk at 613-378-2475.