



**Schedule "C"**  
**Request for a Review Form**

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**

- ☐ Review by a Screening Officer to dispute Penalty Notice Received  
☐ Review by a Hearings 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 reasons 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

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

**Schedule "C"**  
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Continued

**Statement of Penalty Notice Recipient**

I represent and warrant that:

- I am the registered owner of the vehicle (for Parking Penalty Notices only); or
- I am the person named on the Penalty Notice (for Non-Parking Penalty Notices Only);
- I acknowledge that if I fail to appear and to remain at my scheduled 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 Township of Alfred and Plantagenet by:

- a) Regular letter mail to: 205 Old Hwy 17, P.O. Box 350 Plantagenet, ON K0B 1L0
- b) Email scanned copy to: [jprudhomme@alfred-plantagenet.com](mailto:jprudhomme@alfred-plantagenet.com)
- c) In person at: 205 Old Hwy 17, Plantagenet, ON K0B 1L0

**Internal Use Only**

Application Received Date: \_\_\_\_\_

Decision Date: \_\_\_\_\_

Date Owner Notified: \_\_\_\_\_

Notification by:      ☐ Email      ☐ Mail      ☐ In Person

Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_