



CITY OF WELLAND (AMPS)
 60 East Main Street
 Welland ON L3B 3X4
 Phone: 905-735-1700 Fax: 905-735-7184
 Website: www.welland.ca
 Email: amps@welland.ca

REQUEST FOR REVIEW BY HEARINGS OFFICER

Penalty Notice Recipient		
Surname:	First Name:	
Address:	Home Telephone:	
City:	Other Telephone:	
Postal Code:	Province:	Email Address:
<p>Authorized Representative. This section is to be completed if an Authorized Representative is accompanying the Penalty Notice Recipient. Authorized Representative must be one of the following: Lawyer, licenced paralegal, or person who is exempt from the requirement to be licensed by by-law passed pursuant to the Law Society Act, R.S.O. 1990, c.L.8.</p>		
Surname:	First Name:	
Address:	Home Telephone:	
City:	Other Telephone:	
Postal Code:	Province:	Email Address:
Penalty Notice Information (Certificate of Parking Infraction)		
Penalty Notice No.	Penalty Date:	Plate Number:
Location of Infraction:	Offence:	
Preferred Hearing Appointment Time		
<ul style="list-style-type: none"> Hearings in-person or virtually via Zoom (or other method as approved by the Hearings Officer) will be held on a date and time to be determined by the Hearings Officer. 		
<ul style="list-style-type: none"> Your preference for a date and time will be considered but cannot be guaranteed. A Notice will be sent to you, by regular letter mail, confirming the date and time of your Hearing Appointment. 		
<ul style="list-style-type: none"> If you need to have your Hearing held on a date or time other than the next available date you must request that the Hearings Officer extend the time and explain the reason for your extension request in writing; submitted by email scan, fax or delivered in-person. Extensions of time to request a Hearing will be at the discretion of the Hearings Officer and depending on the decision of the Hearings Officer, you should be prepared to proceed with your appeal on the scheduled day. 		
<ul style="list-style-type: none"> If submitting your request by mail, email scan or fax, a notice will be mailed to you confirming the date and time of your Hearing Appointment. 		
Select preferred day & time below:		
Circle One:	Check One:	
Monday/Tuesday/Wednesday/Thursday/Friday	<input type="checkbox"/> 9:00 a.m. to 12:00 p.m. <input type="checkbox"/> 2:00 p.m. to 4:00 p.m.	

Reason for Hearing: (you are required to put specific reason(s))

- Please provide a factual and detailed explanation of your reason(s) for your Hearing request.
- If you wish to support your Hearing with images or other documentation please bring them with you at your scheduled In-Person Screening (if applicable) or attach them to this request.
- Note that **any evidence not presented at your Screening is inadmissible at the Hearing.**
- The Hearing Decision will be provided to you at the Hearing or it will be sent to you.

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

Statement of the Penalty Notice Recipient

- I am the registered owner of the vehicle
- I have reviewed the “Authorized Representative” section of this request and I authorize an “Authorized Representative” to accompany me and act on my behalf in this matter as permitted, I understand that I must also attend with the “Authorized Representative”
- 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, I will be liable for an additional fee of \$50.00 for having failed to appear and understand that my penalty and fees will be referred to the Ontario Ministry of Transportation for the denial of my Ontario Vehicle Permit application if the affirmed penalty and fees are not paid to the City within the time frame set out in the by-law
- I have read and understand the conditions of this application.

Signature:

Date:

Instructions for submitting Request for Review by Hearings Officer

Please submit your completed Request for Hearing form to the City of Welland by one of the following methods:

- (a) Regular letter mail to: City of Welland (AMPS), 60 East Main Street, Welland, Ontario L3B 3X4
- (b) Email scanned form to: amps@welland.ca
- (c) In person at the Office of the City Clerk, Main Floor, 60 East Main Street, Welland, Ontario L3B 3X4