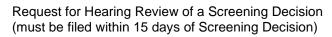
Request for Hearing Review

Signature





Please select the type of appointment yo	ou are requesting below:
In person appointment	
Virtual appointment	
Request for an Extension of Time to Recoff Screening Decision (must be filed after before 30 days of Screening Decision; preason for request on the back of this for	lease state
Penalty Notice Information (please pro Screening Decision)	ovide the information found on your Penalty Notice or Notice of
Penalty Notice Number	Offence Date
Screening Decision Date	
Registered Owner Information (Register	tered Owner of vehicle/plate)
Name (first and last name)	
Address	
City	Postal Code
Home Telephone	
of vehicle/plate and for non-parking is	if person requesting Hearing Review is NOT Registered Owner not the homeowner)
Name (first and last name)	
Address	
City	Postal Code
Home Telephone	
I require	Language Interpretation for my Hearing Review.
	with them to the Hearing Review or may use translation services tation services during the Hearing Review.
to an Extension for Time to Request a R explain the reason the Extension is nece explain the reason for your request for a	elived 16 - 30 days after the Screening Decision Date are subject deview of Screening Decision where you will be required to essary. Please use the space provided on the back of this form to an Extension Request. Depending on the decision of the Hearing should be prepared to proceed with your Hearing Review on the
will be added to the amount due. Failure	to attend a Hearing Review, a Hearing No Show Fee of \$100.00 e to attend a Hearing Review will result in the Administrative e administrative fees, being deemed affirmed, due and payable,

Note: Personal information is being collected under the authority of the *Municipal Act, 2001*. The information will only be used to communicate with you regarding your administrative penalty. Questions about this collection may be directed to our Call Centre by calling 311 (within Brampton city limits) or 905.874.2000 (outside city limits) or the Provincial Offences Courthouse at 905-874-2404.

Date

Request for Hearing Review received within 15 days of Screening Decision Date Request for Hearing Review received 16 - 30 days after Screening Decision Date (Extension of Time for Hearing Review) Extension for Time to Request Hearing Review (if applicable) / Hearing Review Date Time ___ (MMM-DD-YYYY) Hearing Location Hearing Room #1 - 5 Ray Lawson Blvd, Brampton, Ontario L6Y 5L7 905.874.2404 If you are unable to attend your Hearing Review you may make one written request to have it rescheduled. This request must be received at the above address no later than three (3) working days prior to the original scheduled Hearing Review Appearance date. ON YOUR SCHEDULED HEARING REVIEW DATE PLEASE BRING ALL DOCUMENTS/EVIDENCE THAT YOU WILL BE RELYING ON DURING YOUR HEARING REVIEW. Please provide an explanation of the reason for your Request for an Extension of Time to Request a Review of a Screening Decision

For Internal Use Only

Administration Instruction:

- 1. Stamp Request for Hearing Review "Filed/Received"
- 2. Ensure form complete and complete Internal Use section
- 3. Scan Request for Hearing Review into Autoprocess
- 4. Return Original to Requestor