



Authorization to Act as an Agent

Instructions:

Complete this form if you are authorizing a person to act on your behalf during a Screening Review or Hearing Review appointment.

The authorized person should bring this completed form with them along with two pieces of identification to the scheduled Screening Review or Hearing Review appointment.

I, _____ hereby authorize _____
(Print your name) (Print authorized person's name)

to act and appear for me as my agent in the matter pertaining to Penalty Notice(s):

(Penalty Notice Number) (Penalty Notice Number) (Penalty Notice Number)

They may enter a plea to any infraction he or she deems fit towards completion of this/these matter(s), as authorized by me in writing.

I am aware that if there is a fine to be paid after the Screening Review or Hearing Review appearance, the ultimate responsibility to pay the fine(s) rests with me.

(Signature)

Date (yyyy-mm-dd)

The personal information on this form is collected in accordance with the Municipal Act, 2001 and will be used in the administration of the Administrative Monetary Penalty System. Questions about this collection can be directed to the Director of Council Services/Clerk, 5950 Malden Road, LaSalle, Ontario N9H 1S4 or by telephone at 519-969-7770 extension 1223.

All records will be retained in accordance with the Town's Record Retention By-law.