

Request for Hearing Officer Review

Telephone: 519-969-7770

Fax: 519-969-4029

5950 Malden Road

LaSalle, ON N9H 1S4



Please fill this form out in its entirety

Penalty Notice Recipient		
Name (first and last):		
Address:		
City:	Province:	Postal Code:
Telephone:		

Please indicate a contact preference			
Canada Post	<input type="checkbox"/>	Email	<input type="checkbox"/> Email Address:

Penalty Notice Information - Infraction (Information is found on the Penalty Notice)	
Penalty Notice Number:	
Penalty Date:	Plate Number:
Please choose your request:	

Authorized Representative (agent on behalf of Recipient) if Applicable			
Name (first and last):			
Address:		City:	
Postal Code:		Province:	
Please indicate a contact preference (for Authorized Representative)			
Telephone:	<input type="checkbox"/>	Canada Post:	<input type="checkbox"/>
Fax Number:	<input type="checkbox"/>	E-mail:	<input type="checkbox"/>

Reason for Hearing Request (You are required to provide a specific reason)

Please provide a factual and detailed explanation of your reason(s) for your review request. If you wish to support your Review with images or other documentation, please bring them with you at your scheduled In-Person Hearing Review. If more room is required, please attached a separate sheet.

Do you wish to use the same explanation as the Screening Request?
(If no, please use space below for additional information)

Attachment(s) Included (please choose one):

Yes

No

Statement of Penalty Notice Recipient

I agree that:

- I am the registered owner of the vehicle (for parking penalty notices only); or the representing Agent.
- I acknowledge that if I fail to appear and to remain at my scheduled In-Person Hearing Review until my matter has been determined by the Hearing Officer, I will be deemed to have abandoned my request for a Hearing Review. The Administrative Penalty will be affirmed and I will be liable for an additional fee of \$100.00 for having failed to appear.
- The Town of LaSalle is not responsible for illegible or incomplete forms, nor will it be responsible for the untimely deliverance of forms through Canada Post.
- Failure to complete this form in its entirety may result in the Administrative Penalty and additional fees being affirmed.
- I have read and understand the conditions of this application.

Signature:

Date:

Instructions for Submitting Hearing Review Request

Please submit the completed form to the Town of LaSalle:

- In person or by Canada Post to the Town of LaSalle, Attention: Hearing Officer, 5950 Malden Road, LaSalle, Ontario N9H 1S4;
- Or by fax to: 519-969-4029