

Request for Screening 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 reply 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"/>

Instructions for filling out Screening Officer Review Form:

- Please make sure this form is filled out in its entirety, and that hand writing is clear and legible. Mistakes due to the illegible submissions are not the fault of the municipality.
- Screenings usually take between one to two weeks for a decision and reply to be sent.
- The Town of LaSalle is not responsible for the actions of Canada Post, nor the timelines of their delivery.
- Please read reply correspondence thoroughly as payment, and/or next step for resolution will be spelled out for your assistance.
- Details for submitting requests are at the bottom of page 2.

Failure to complete this form by the due date listed on any correspondence will forfeit your right for any further dispute in accordance with By-law 8289. As a result, the ticket will remain affirmed to the price listed on the 'Notice of Administrative Penalty Late Payment Notice' and sent to the Ministry of Transportation for Plate Denial.

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

Please provide a factual and detailed explanation of your reason(s) for disputing this Offence. If you wish to support your screening with images or other documentation, please attach them with this request. The screening decision reply will be sent to you by the method you indicated on page 1. If more room is required, please attach a separate sheet.

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Attachment(s) Included (please choose one):

Yes

No

Statement of Penalty Notice Recipient

- I am the registered owner of the vehicle (for parking penalty notices only); or the representing Agent.
- 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 Screening Request Form

Please submit the completed form to the Town of LaSalle:

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