



Authorization to Act as an Agent

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 must bring this completed form with them to the scheduled Screening Review or Hearing Review appointment. If the appointment is electronic (online or telephone), this form must be provided to Council Services ahead of the appointment. Call 519-969-7770 ext. 1262 for more information.

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

to act and appear for me as my agent in a Screening and/or Hearing Review pertaining to the following Penalty Notice(s):

(Penalty Notice No.) (Penalty Notice No.) (Penalty Notice No.)

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

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

Signature

Date

Privacy Statement: The personal information collected on this form is collected in accordance with the Municipal Act, 2001 and will be used in the administration of the Town of LaSalle's Administrative Monetary Penalty System per By-law 8289. Questions about the collection of this information should be directed to the Deputy Clerk, 5950 Malden Road, LaSalle, ON. Telephone 519-969-7770 ext. 1256.