



CITY OF WELLAND (AMPS)

60 East Main Street Welland ON L3B 3X4

Phone: 905-735-1700 Fax: 905-735-7184

Website: www.welland.ca
Email: amps@welland.ca

REQUEST FOR SCREENING

Penalty Notice Recipient				
Surname:		First Name:		
Address:		Home Telephone:		
City:		Other Telephone:		
Postal Code: Province:		Email Address:		
Penalty Notice Information (Certificate of Parking Infraction)				
Penalty Notice No.	Penalty Date:		Plate Number:	
Location of Infraction:	Offence:			
Type of Screening				
Circle One: [] In-Person Screening (held virtually via Zoom Meeting unless Recipient notes otherwise) virtual / physical				
[] Written Screening (screening will be processed by the Screening Officer without your attendance at City Hall)				
Please complete this Section				
 Screenings in-person or virtually via Zoom (or other method as approved by the Screening Officer) will be held on the next available date and time to be determined by the Screening Officer 				
Please check your preferred Screening appointment time below.				
 If you are not available to attend an In-Person or virtual Screening, please include this information on your Screening Request form in writing (setting out the reason for your inability to attend) and select Written Screening. If you require additional space for explanation attach pages to request form. 				
 Your preference for a date and time will be considered but cannot be guaranteed. A Notice will be sent to you, by regular letter mail, confirming the date and time of your Screening Appointment. 				
 If submitting your request by mail, email scan or fax, a notice will be sent to you confirming the date and time of the Screening appointment. 				
 In-Person or virtual Screening appointments cannot be rescheduled or adjourned. If you cannot attend on the date scheduled you may request <u>written screening</u> by contacting <u>AMPS@welland.ca</u> 48 hours prior to the in- person screening date. 				
Screening Appointment Times for In-Person: select preferred day & time below:				
Circle One:		Check One:		
Monday/Tuesday/Wednesday/Thursday/Friday [] 9:00 a.m. to 11:00	a.m. [] 1:00 p.m. to 4:00 p.m.	

Reason for Screening: (you are required to put specific	reason(s))			
 If you wish to support your Screening with in your scheduled In-Person Screening (if appl The Screening Decision will be provided to y 				
Attachment(s) included (please check the relevant box):	[] Yes [] No			
Statement of Penalty Notice Recipient				
I represent and warrant that:				
I am the registered owner of the vehicle.				
I acknowledge that if I fail to appear and to remain at my scheduled In-Person Screening until my matter				
has been determined by the Screening Officer, I will be deemed to have abandoned my request for a				
Screening, the Administrative Penalty will be affirmed, and I will be liable for an additional fee for having				
failed to appear (set at \$25.00).				
 I may be charged an additional \$10.00 MTO search fee in addition to the Administrative Penalty. I have read and understand the conditions of this application. 				
I have read and understand the conditions of this Signature:	Date:			
orginature.	Date.			

Instructions for submitting In-Person Screening

Please submit your completed Request for Screening form to the City of Welland by means of one the following methods:

- (a) Regular letter mail to: City of Welland, 60 East Main Street, Welland, Ontario L3B 3X4
- (b) Email scanned form to: amps@welland.ca
- (c) In person at the Office of the City Clerk, Main Floor, 60 East Main Street, Welland, Ontario L3B 3X4