



**CITY OF WELLAND**  
**Infrastructure and Development Services**  
By-law Enforcement Division  
60 East Main Street, Welland, ON L3B 3X4  
**Phone:** 905-735-1700 **Fax:** 905-735-7184  
**Email:** [bylawaps@welland.ca](mailto:bylawaps@welland.ca) | [www.welland.ca](http://www.welland.ca)

## REQUEST FOR SCREENING FOR NON-PARKING RELATED OFFENCES

PENALTY NOTICE RECIPIENT		
LAST NAME		FIRST NAME
ADDRESS		
CITY	PROVINCE	POSTAL CODE
TELEPHONE NUMBER	CELL NUMBER	EMAIL ADDRESS
PENALTY NOTICE INFORMATION		
PENALTY NOTICE NO.:		PENALTY NOTICE DATE:
LOCATION OF INFRACTION:		DESIGNATED BY-LAW:
TYPE OF SCREENING		
<input type="checkbox"/> IN-PERSON SCREENING (HELD AT CITY HALL)		
<input type="checkbox"/> WRITTEN SCREENING (SCREENING WILL BE PROCESSED BY THE SCREENING OFFICER WITHOUT YOUR ATTENDANCE AT CITY HALL)		
PLEASE COMPLETE THIS SECTION		
<ul style="list-style-type: none"><li>• Please check your preferred Screening appointment time below.</li><li>• A Notice will be sent to you, by regular mail, confirming the date and time of the Screening Appointment. Your preference for time will be considered but cannot be guaranteed.</li><li>• In-Person Screening Appointments cannot be rescheduled or adjourned. If you cannot attend on the date scheduled you may request a written screening by contacting <a href="mailto:BYLAWAPS@WELLAND.CA">BYLAWAPS@WELLAND.CA</a> 48 hours prior to the in-person screening date.</li></ul>		
SCREENING APPOINTMENT TIMES (SELECT PREFERENCE)		
<input type="checkbox"/> 9:00 a.m. to 12:00 p.m.	<input type="checkbox"/> 12:30 p.m. to 3:00 p.m.	

**REASON FOR SCREENING (SPECIFICS REQUIRED)**

- Please provide a factual and detailed explanation of your reason(s) for your Screening Request.


**ATTACHMENTS INCLUDED**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Pages Attached _____
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**STATEMENT OF PENALTY NOTICE RECIPIENT**

I represent and warrant that:

- All information provided within this application is true and valid.
- I have read and understand the conditions of this application.
- I acknowledge that if I fail to appear and 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 (\$100.00).
- I have read and understand this application.

Signature: _____	Date: _____
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**INSTRUCTIONS FOR SUBMITTING IN-PERSON SCREENING**

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

- Regular/ Registered Mail to: City of Welland (BYLAW APS), 60 East Main Street, Welland Ontario L3B 3X4
- Email a completed form to: BYLAWAPS@WELLAND.CA
- Fax a completed form to: 905-735-7184
- In person at the By-law Enforcement Division: 2<sup>nd</sup> Floor, 60 East Main Street, Welland Ontario L3B 3X4