**CITY OF WELLAND (AMPS)**
60 East Main Street
Welland ON L3B 3X4
Phone: 905-735-1700
Website: www.welland.ca
Email: **amps@welland.ca**

# REQUEST FOR SCREENING

| **Penalty Notice Recipient: (Registered Owner Information)** | | |
|---|---|---|
| Last Name: | First Name: | |
| Address: | Phone Number: | |
| City: | Province: | Postal Code: |
| Email Address: | | |

| **Penalty Notice Information: (Certificate of Parking Infraction)** | | |
|---|---|---|
| Penalty Notice No. | Penalty Date: | Plate Number: |
| Location of Infraction: | Offence: | |

**Type of Screening:**

- ☐ In-Person Screening
- ☐ Virtual Screening (held via Teams)
- ☐ Written Screening (screening will be processed by the Screening Officer without your attendance at City Hall)

| **Select preferred day & time:** | |
|---|---|
| Check One: | Check One: |
| ☐ Tuesday ☐ Wednesday ☐ Thursday | ☐ 9:00 a.m. to 11:00 a.m. ☐ 1:00 p.m. to 4:00 p.m. |

**Screening information:**

- 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.
- Screenings in-person or virtually (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
- 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
- In-Person or Virtual Screening appointments cannot be rescheduled or adjourned. If you cannot attend on the date scheduled, you may request written screening by contacting AMPS@welland.ca 48 hours prior to the in-person screening date.

**CITY OF WELLAND (AMPS)**
60 East Main Street
Welland ON L3B 3X4
Phone: 905-735-1700
Website: www.welland.ca
Email: **amps@welland.ca**

| **Reason for Screening: (you are required to put specific reason(s))** |
| --- |
| • Please provide a factual and detailed explanation of your reason(s) for your Screening request.<br>• If you wish to support your Screening with images or other documentation please bring them with you at your scheduled In-Person Screening (if applicable) or attach them to this request.<br>• The Screening Decision will be provided to you.<br>• Additional $15.00 MTO search fee may be charged in addition to the Administrative |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

**CITY OF WELLAND (AMPS)**
60 East Main Street
Welland ON L3B 3X4
Phone: 905-735-1700
Website: www.welland.ca
Email: **amps@welland.ca**

| | |
|---|---|
| | |
| **Attachment(s) included: (please check the relevant box)** | ☐ **Yes** ☐ **No** |

| **Authorized representative: (*optional*)** | | |
|---|---|---|
| Last Name: | First Name: | |
| Address: | Phone Number: | |
| City: | Province: | Postal Code: |
| Email Address: | | |

**Declaration: I, _____ (registered plate owner) hereby authorize _____ (name of authorized representative) to act and appear for me as my authorized representative in the matter pertaining to the above Penalty Notice. The authorized representative named on this form may enter a plea to any offence they deem fit towards completion of this matter as authorized by me in writing. I am aware that if there is a penalty to be paid after the Screening, the ultimate responsibility to pay the penalty and any administration costs rests with myself.**

**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 $102.00).**
- **I may be charged an additional $15.00 MTO search fee in addition to the Administrative Penalty.**
- **I have read and understand the conditions of this application.**

| **Signature:** | **Date:** |
|---|---|
| | |

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

**(a) By mail: City of Welland, 60 East Main Street, Welland, Ontario L3B 3X4**
**(b) By email: amps@welland.ca**
**(c) In person: Planning and Development Services Department, Second Floor, 60 East Main Street**