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 | www.welland.ca

REQUEST FOR SCREENING FOR NON-PARKING RELATED OFFENCES

PENALY NOTICE RECIPIENT		
LAST NAME	FIRST NAME	
MAILING 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	
☐ IN-PERSON SCREENING	(HELD AT CITY HALL)
☐ WRITTEN SCREENING	(SCREENING WILL BE PROCESSED BY THE SCREENING OFFICER WITHOUT YOUR ATTENDANCE AT CITY HALL)

PLEASE COMPLETE THIS SECTION

- Please check your preferred Screening appointment time below.
- 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.
- 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 BYLAWAPS@WELLAND.CA 48 hours prior to the in-person screening date.

SCREENING APPOINTMENT TIMES (SELECT PREFERENCE)	
☐ 9:00 a.m. to 12:00 p.m.	☐ 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

☐ Yes	☐ No	Number of Pages Attached 2

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:

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: 2nd Floor, 60 East Main Street, Welland Ontario L3B 3X4