



By-law Services Division
97 Hurontario Street
Collingwood, Ontario L9Y 3Z5
705-445-1030 ext. 3256
amps@collingwood.ca

AMPS Screening Request Form

Instructions

Please complete and submit this form to request a Screening Review of your Penalty Notice.

Any evidence, such as photographs or documents, that you plan to use or rely on during your Screening Review must be emailed to amps@collingwood.ca at least 7 days before the Screening Review date. Ensure that your name and Penalty Notice Number are included on all submitted documentation.

A. Penalty Notice Information <i>(Please provide the information from your Penalty Notice)</i>		
<i>Penalty Notice Number(s):</i>	<i>Penalty Date (mm/dd/yyyy):</i>	<i>Location of Offence:</i>
<i>Offence Description:</i>		

B. Recipient Information		
<i>Name of Penalty Notice Recipient:</i>	<i>Phone Number:</i>	
<i>Street Address:</i>		
<i>City:</i>	<i>Province:</i>	<i>Postal Code:</i>
<i>Email Address:</i>		
<i>Mailing Address (if different than above):</i>		

C. Authorized Agent/Representative (if applicable)

Name of Authorized Representative:

Phone Number:

Street Address:

City:

Province:

Postal Code:

Email Address:

Mailing Address (if different than above):

Authorization Declaration:

I, _____ (Penalty Notice Recipient), hereby authorize _____ (Authorized Representative) to act and appear on my behalf regarding the above Penalty Notice. I understand that I am responsible for any penalties and all administrative fees resulting from this process.

D. Screening Information

- 1. Screening Review Request:** If you were served with a Penalty Notice, you may request a review of the penalty by a Screening Officer. Requests must be made on or before the Penalty Due Date, which is 15 days following the Penalty Notice Date, as outlined in Section 5.1 of By-law 2025-003.
- 2. Screening Appointment Method:** All Screening Review will be conducted virtually (via conference telephone or another form of electronic technology that allows participants to hear one another). A staff member will contact you to schedule a date and time for your Screening Review.
- 3. Requesting an Extension:** You may request an extension for a Screening Review, provided it is made within 30 days of the Penalty Notice Date, and you can demonstrate extenuating circumstances to justify the extension.
- 4. Missed Screening Review:** If you or your representative fail to attend your scheduled Screening Review, the Screening Review request will be considered abandoned. The penalty amount(s), any administrative fee(s), and a non-appearance fee of \$50.00 per contravention will be applied.
- 5. Screening Officer's Decision:** The Screening Officer may, for each contravention, affirm the penalty, cancel the penalty, reduce the amount, or extend payment timelines based on evidence of contravention, extenuating circumstances, or financial hardship, as outlined in Section 5.10 of By-law 2025-003.
- 6. Screening Officer's Authority:** A Screening Officer has no authority to consider challenges to the validity or constitutionality of by-laws, statutes or regulations.

E. Reason for Appeal

Please provide a detailed explanation of why you are requesting a Screening Review, including any relevant facts or circumstances.

F. Supporting Materials

Attachment(s) included? Yes No

If you have photographs, documents or other material to support your request, please list the items below and attach copies to your completed form.

G. Statement of Penalty Notice Recipient

I represent and warrant that:

- I am the recipient of the Penalty Notice.
- If I authorize a representative, I acknowledge that if they or I fail to appear for the Screening Review appointment, I will be deemed to have abandoned my request for a Screening Review, the penalty will be affirmed, and I will be liable for administrative fees for failing to appear.
- I have read and understand the conditions of this form.

Signature:

Date (mm/dd/yyyy):

Submitting the Form

Submit your completed form using one of the methods below:

- By mail:** Town of Collingwood, By-law Services Division,
P.O. Box 157, 97 Hurontario Street, Collingwood, Ontario L9Y 3Z5
- By email:** amps@collingwood.ca
- In person:** Town Hall, 97 Hurontario Street, Collingwood, ON, L9Y 3Z5, during regular business hours (8:30 a.m. to 4:30 p.m., Monday to Friday).

All personal information collected on this form is protected under the *Municipal Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of processing your request.

For Office Use Only

Application Received	Appointment Information		
Date Stamp (mm/dd/yyyy):	Appointment Date:	Appointment Time:	Date Notified:
	Penalty Notice Recipient notified by:		
	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Phone <input type="checkbox"/> In-person