



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

AMPS Hearing Request Form

Instructions

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

Any evidence, such as photographs or documents, that you plan to use or rely on during your Hearing must be emailed to amps@collingwood.ca at least 7 days before the Hearing 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:</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:

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 or administrative fees resulting from this process.

D. Hearings Information

- Hearing Request:** A Hearing request may be submitted during your Screening Review, or before the penalty due date. If the Screening Officer has extended the payment due date, the request must be submitted before the extended deadline.
- Hearing Appointment Method:** Hearing will be conducted virtually. A staff member will contact you to schedule a date and time for your hearing.
- Requesting an Extension:** You may request an extension for a Hearing, provided it is made no later than fifteen (15) days after the payment due date, and you can demonstrate extenuating circumstances to justify the extension.
- Missed Hearing:** If you or your representative fail to attend your scheduled Hearing, the Hearing will be considered abandoned, and the penalty amount and any administrative fee(s) will be confirmed. A non-appearance fee of \$100.00 will also be charged.
- Hearing Officer's Decision:** The Hearing Officer may 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 6.11 of By-law 2025-003.
- Hearing Officer's Authority:** A Hearing Officer has no authority to consider challenges to the validity of or constitutionality of by-laws, statutes or regulations.

E. Hearing Type

All Hearings will be conducted electronically (via conference telephone or another form of electronic technology that allows participants to hear one another) unless a party demonstrates to the Hearing Officer that holding an electronic hearing, instead of an oral hearing, is likely to cause significant prejudice.

Will you be requesting an oral hearing? Yes No

If yes, please provide your reasoning as to why an electronic hearing, rather than an oral hearing, is likely to cause you significant prejudice.

F. Reason for Appeal

Provide a detailed explanation of why you are requesting a Hearing, including any relevant facts or circumstances.

G. 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.

H. 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 Hearing, I will be deemed to have abandoned my request for a Hearing, 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						