

Request for Screening

Tel: 613-659-2415 ext. 218
1233 Prince Street, Lansdowne, ON K0E 1L0

Applicants are responsible for the completion and content of this form.

Penalty Notice Recipient

Name (first and last) *

Address *

City *

Province *

Postal Code *

Home Telephone *

Other Telephone *

Email Address *

Penalty Notice Information (Infraction)

Please provide information found on the Penalty Notice

Penalty Notice # *

Penalty Date *

Plate Number or Name on Penalty Notice *

Location Where the Infraction Occurred
(complete for non-parking Penalty Notices
only)

Offence *

Section Number *

Type of Screening Requested

You are required to check one preferred method of Screening.

Please Note: A written screening allows your screening to be processed without your attendance at the Township Office.

Type of Screening Requested *

In-Person Screening (Township Office)

Written Screening

Complete this section only if you have selected to attend an In-Person Screening

* Please check your preferred Screening appointment time below.

* Screenings will be scheduled for the next available Tuesday.

* If you are not available to attend an In-Person Screening on a specific Tuesday, please include this information on your Screening Request form with reason for your inability to attend. This scheduling of Screenings will only be delayed by a maximum of two weeks.

* Your preference for a date and time will be considered but cannot guaranteed.

* A Notice will be sent to you confirming the date and time of your Screening appointment.

* If submitting your request by mail, email scanned copy, a notice will be sent to you confirming the date and time of your Screening appointment.

* In-Person Screening appointments can not be rescheduled or adjourned.

Screening Appointment Times *

9:00 a.m. - 10:00
a.m.

10:30 a.m. - 12:00
p.m.

1:00 p.m. - 2:00
p.m.

2:30 p.m. - 4:00
p.m.

Reason for Screening

You are required to provide specific reason(s).

- * Please provide a factual and detailed explanation of your reason(s) for your Screening request.
- * 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.
- * The Screening Decision will be sent to you.

Reason for Screening *

Attachment(s) to Include

Statement of Penalty Notice Recipient

I represent and warrant that:

- * I am the registered owner of the vehicle (for Parking Penalty Notices only) or
- * I am the person named on the Penalty Notice (for Non-Parking Penalty Notices only)
- * I acknowledge that if I fail to appear and to remain at my scheduled In-Person Screening until my matter had been determined by the Screening Officer, I will be deemed to have abandon 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 (currently \$50.00), and
- * I have read and understand the conditions of this application.

Signature of Applicant *

Date *

Instructions for Submitting In-Person Screening and Written Screening Request Form

Submit your completed form to the Township of Leeds and the Thousand Islands by:

- Regular letter mail to:

Amps Bylaw
1233 Prince St., P.O. Box 280
Lansdowne, ON K0E 1L0

- In-Person to Township Office at:

1233 Prince St.,
Lansdowne, ON K0E 1L0

For Internal Use Only

Application Received (Date Stamp)

Appointment Date

Appointment Time

Registered Owner Notified by:

Email

Mail

In-Person

Date Notified

Screening Location

Township Office
1233 Prince Street

Penalty Notice Recipient's Initials

Screening Decision

Screening Officer's Signature

Date

Thank You

Change the text for this message.