

## **Request for Hearing Officer Review**

Email: <u>bylaw@wainfleet.ca</u>
Tel: 905-899-3463 Fax: 905-899-2340
31940 Highway 3, P.O Box 40
Wainfleet, Ontario LOS 1V0

Penalty Notice Recipient						
Name (first and last)		Primary Telephone				
Address		Other Telephone				
City	Province	Postal Code				
Mailing Address (if different than a	above)					
Email Address						
Legal Representative (Option	nal)					
Lawyer or Paralegal Name (first and last)		Primary Telephone				
Office Name and Address		Other Telephone				
City	Province	Postal Code				
Mailing Address (if different)						
Email Address						
Penalty Notice Information						
Penalty Notice No.	Date of Contravention	Name on Penalty Notice				
By-law Contravention on Penalty	Notice					

Type of Hearing Requested						
Please indicate your preferred hearing type:						
☐ In-Person Hearing (held at Township of Wainfleet)	□ Virtual Hearing (held via Zoom)					
Note: The Hearing Officer may choose to attend your In-Person Hearing virtually.						
Hearing Information						
■ Hearing precedures are set out in the Town	schin's Administrative Denalty By Jawa					

- Hearing procedures are set out in the Township's Administrative Penalty By-laws.
- Virtual Hearing requirements are set out in the Township's Rules for Electronic Hearings.
- The Township will notify you of the date and time for the Hearing.
- The Township cannot reschedule or adjourn Hearings.
- Adjournment requests must be made to the Hearing Officer at the Hearing.

## Reasons for Hearing Request

Please provide a factual and detailed explanation of the reasons for your request for a Hearing.

## Note:

- The Hearing Officer may cancel an Administrative Penalty or change the amount if you prove that you did not contravene the by-law or that the amount causes you undue financial hardship.
- You are required to provide specific information about why you believe you did not contravene the by-law and/or why the Hearing Officer should change the Administrative Penalty amount.
- You can attach any documents, photographs or other evidence you want the Hearing Officer to review to this request.
- If you are claiming financial hardship, you <u>must</u> provide documented proof of financial hardship before the Hearing. You can attach that proof to this request.
- The Hearing Officer will make a decision at the end of the Hearing. You will get a copy of the decision after the Hearing.

Reasons:

A 44 I							
Attachm	ent(s): ☐ Yes	□ No					
Statama	at of Danalty Na	otica Basiniant					
		otice Recipient					
By submi	tting this Reque	st for Hearing Review, I he	reby acknowledg	e the foll	owing:		
i.	<ul> <li>I am the recipient of the Penalty Notice described in this form and, if the Penalty Notice relates to a parking by-law contravention, that I am the registered owner of the vehicle identified on the issued Penalty Notice.</li> </ul>						
ii. I am entitled to have a legal representative for my Hearing. However, I am required to attend with my legal representative and stay until the Hearing is concluded.							
<ul> <li>iii. If I fail to appear or remain at my Hearing until the Hearing Officer has made a decision:</li> <li>I will be deemed to have abandoned my Request for a Hearing Officer Review;</li> <li>The Penalty Notice issued to me will be affirmed; and</li> <li>A fee of \$250.00 will be imposed against me for failing to appear.</li> </ul>							
iv. I have fully read and understood this Request for Hearing Officer Review.							
V.	,	n I have provided is accura	S				
Signature Date							
Signature							
Submiss	sion Instruction	ns					
You must submit your Request for Hearing Officer Review within fifteen (15) days of the date of the Screening Officer's Decision Letter.							
The Township has no authority to grant extensions or accept late submissions.							
Send by Regular Mail: In Person/Drop Box:							
Complete Form Online  Email Scanned Copy to:  bylaw@wainfleet.ca		Township of Wainfleet 31940 Hwy. 3 PO Box 4 Wainfleet, ON LOS 1V0		Township of Wainfleet 31940 Hwy. 3 PO Box 4 Wainfleet, ON LOS 1V0			
Personal information contained on this form is collected and will be used for the purpose of administering the Administrative Penalty process of the Township of Wainfleet. Questions about this collection should be directed to the Township's Freedom of Information Officer at 905-899-3463 ext. 224.							

	For Internal Use Only					
Application Received	Appointment Information					
Date Stamp:	Appointme	ent Date	Appointment Time		Date Notified	
	Penalty No	otice Recipient				
	□ Email	☐ In Person	☐ Mail			
	<b>Hearing Location:</b> To be advised by the municipality of where your penalty notice was issued.					
Hearing Decision						
Hearing Officer's Signature	Date					