



## Request for Hearing Officer Review

**Email:** [bylaw@wainfleet.ca](mailto:bylaw@wainfleet.ca)  
**Tel:** 905-899-3463 **Fax:** 905-899-2340  
31940 Highway 3, P.O Box 40  
Wainfleet, Ontario L0S 1V0

Penalty Notice Recipient		
Name (first and last)		Primary Telephone
Address		Other Telephone
City	Province	Postal Code
Mailing Address (if different than above)		
Email Address		

Legal Representative (Optional)		
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		





	<b>For Internal Use Only</b>			
<b>Application Received</b>	<b>Appointment Information</b>			
Date Stamp:	Appointment Date	Appointment Time	Date Notified	
	Penalty Notice Recipient Notified by:			
	<input type="checkbox"/> Email	<input type="checkbox"/> In Person	<input type="checkbox"/> Mail	
	<b>Hearing Location:</b> To be advised by the municipality of where your penalty notice was issued.			
<b>Hearing Decision</b>				
Hearing Officer's Signature		Date		