Request for Screening Email: amps@cobourg.ca Phone: 905-372-8380 Town of Cobourg, Legislative Services Municipal Law Enforcement & Licensing Services 55 King Street West Cobourg, ON K9A 2M2



Applicants are responsible for th	e completion and	content of this form	n *Required	
Penalty Notice Recipient				
Name (first and last)*		Telephone Number - Home*		
Address*		Telephone Number - Other		
City*		Fax Number		
Province* P	ostal Code*	Email Address* (Required for electronic screening)		
Penalty Notice Information (Infra	ction) (Please prov	vide the information f	ound on the Penalty Notice)	
Penalty Notice No.*	Penalty Date	Plate Number or Name on Penalty Notice		
Location where the Infraction Occu	Irred (complete for	non-parking Penalty	Notices only)	
Offence		Section Number		
Type of Screening Requested* (Ye	ou are required to c	check one preferred r	nethod of Screening)	
In-Person Screening Appellants to attend in person Municipal Law Enforcement & Licensing Services, 201 Seconc Street Tuesday mornings by	at No attend	Screening dance required.	Electronically (virtual) Appellants to attend virtually (through Microsoft Teams) or Wednesdays by appointment	

Reason for Screening* (you are required to provide specific reason(s))

appointment.

- 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 by mail or email, if provided

A link will sent to the email

address provided.

Attachment(s) included (please check the relevant box): Yes No

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 has been determined by the Screening Officer, I will be deemed to have abandoned 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

Date

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

Please submit your completed form to the Town of Cobourg by:

a) Regular letter mail to: Town of Cobourg, Municipal Law Enforcement and Licensing Services Dept., 55 King Street West, K9A 2M2

b) Emailed scanned copy to: amps@cobourg.ca

c) In person to the Town of Cobourg: Municipal Law Enforcement and Licensing Services Dept. 201 Second Street, Cobourg, K9A 3N7

Personal information contained on this form is collected and will be used for the purpose of administering the Town's Administrative Penalty process. Questions about this collection should be directed to the Town of Cobourg's Freedom of Information Co-ordinator at 905-372-4301.