

Applicants are respon	sible for the completion an	d content of this form. Fee: \$250	
Applicant Information	on		
Name (first and last)		Telephone Number - Home	
Address		Telephone Number - Other	
City		Fax Number	
Province	Postal Code	Email Address	
The Town's Hearings C	Officer By-law restricts Repres is exempt from the requirem	Representative is <b>accompanying</b> the applicant. entatives to the following: a lawyer, a licensed para- ent to be licensed by By-law passed pursuant to the	
Name (first and last)		Telephone Number - Home	
Address		Telephone Number - Other	
City		Fax Number	
Province Postal Code		Email Address	
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## **Hearing Appointment Time Information**

- Hearings are held electronically or in person every second and fourth Thursday between 1 p.m. and 4 p.m.
- Your Hearing will be scheduled for the next available Thursday afternoon.
- If you need to have your Hearing held on a day/time other than the next available Thursday you must request that the Hearings Officer extend the time to request a Hearing. This will require your attendance before the Hearings Officer on the next available Thursday afternoon to explain the reasons for your extension request (which should be detailed on this request form). Extensions of time to request a Hearing will be subject to the decision of the Hearings Officer and depending on the decision of the Hearings Officer you should be prepared to proceed with your appeal on the same day.
- If submitting your request by mail, email scanned copy or fax, a notice will be sent to you confirming the date and time of your Hearing appointment.
- The Hearings Officer decision will be provided to you at the Hearing or it will be sent to you.

Personal information contained on this form is collected under the authority of Part IV and Section 11 of the Municipal Act, 2001 and will be used for administering the Licensing and Municipal Law Enforcement process. Questions concerning collection of personal information should be directed to the Town of Cobourg's Freedom of Information Co-ordinator at 905-372-4301.

## **Reason for Hearing Request**

- You are required to provide a factual and detailed explanation of your reason(s) for your Hearing Request.
- If you wish to support your Hearing with images or other documentation please bring them with you.

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

## **Statement of Applicant**

I represent and warrant that:

- I am the person named on the Application;
- If I have reviewed the "Authorized Representative" section of this request and I authorize an "Authorized Representative" to accompany me and act on my behalf in this matter as permitted and I also understand that I must attend with the "Authorized Representative";
- I acknowledge that if I fail to appear and to remain at my scheduled Hearing until my matter has been determined by the Hearings Officer, I will be deemed to have abandoned my request for a Hearing, I will be liable for an additional fee for having failed to appear (currently \$100.00); and
- I have read and understand the conditions of this application.

Signature

Date

## **Instructions for Submitting Hearing Request Form**

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

- a) Regular letter mail to: Town of Cobourg Victoria Hall, 55 King Street West, K9A 2M2
- b) Emailed scanned copy to: <a href="mailto:licensing@cobourg.ca">licensing@cobourg.ca</a>
- c) In person to the Town of Cobourg: 1st Floor Legislative Services, Victoria Hall, 55 King Street West, K9A 2M2

	For Interna	l Use Only				
For Internal Use Only   Application Received Appointment Information						
Application Received Date Stamp:	Registered Owne Email Fax		Date Notified			
	Appointment Date		Appointment Time			
Hearing Location:						
Hearing Officer's Decision						
Hearing Officer's Signature	Da <sup>.</sup>	te				