



Request for Screening

AMPS@trentlakes.ca

Tel: (705) 738-3800 ext 234 Fax: (705) 738-3801
760 Peterborough County Rd 36, Trent Lakes, Ontario K0M 1A0

Penalty Notice Recipient		
Name <i>(first and last)</i>		Home Telephone
Address		Other Telephone
City		Fax Number
Postal Code	Province	Email Address

Penalty Notice Information (Infraction) <i>(Please provide the information found on the Penalty Notice)</i>	
Penalty Notice No.	Penalty Date
Location where the Infraction Occurred	
Offence	By-law and Section Number

Type of Screening Requested <i>(You are required to check one preferred method of Screening)</i>
<input type="checkbox"/> In-Person Screening (Municipal Office) <input type="checkbox"/> Virtual Meeting

Complete this section only if you have selected to attend an In-Person Screening .
<ul style="list-style-type: none"> ▪ Screenings will be scheduled for the next <u>available</u> date and time ▪ If you are not available to attend an In-Person Screening on a specific date, please include this information on your Screening Request form with the reason for your inability to attend. The scheduling of Screenings will only be delayed by a maximum of two weeks. ▪ 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 or fax, a notice will be sent to you confirming the date and time of your Screening appointment. ▪ In-Person Screening appointments cannot be rescheduled or adjourned.

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.

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

Statement of Penalty Notice Recipient

I represent and warrant that:

- I am the person named on the Penalty Notice;
- 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, and
- I have read and understand the conditions of this application.

Signature

Date

Instructions for Submitting In-Person Screening and Written Screening Request Form*Please submit your completed form to the Municipality of Trent Lakes by:*

- a) **Regular letter mail to:** Municipality of Trent Lakes 760 Peterborough County Rd 36, Trent Lakes ON, K0M 1A0
- b) **Emailed scanned copy to:** AMPS@trentlakes.ca
- c) **Facsimile (Fax) to:** 705-738-3801
- d) **In person/ drop box to the attention of the Director of Building & Planning/CBO at:**
760 Peterborough County Rd 36, Trent Lakes ON K0M 1A0

For Internal Use Only

Application Received	Appointment Information		
Date Stamp:	Appointment Date	Appointment Time	Date Notified
	Registered Owner Notified by:		Penalty Notice Recipient's Initials
	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	
Location: 760 Peterborough County Rd 36, Trent Lakes ON K0M 1A0			
▪ Screening: Committee Room			

Screening Decision

Screening Officer's Signature	Date

Personal information contained on this form is collected under the authority of the Municipal Act and will be used for the purpose of administering the Municipality of Trent Lakes' Administrative Monetary Penalty System and to contact you to schedule a screening appointment. Questions about the collection of this information should be directed to the Clerk at clerk@trentlakes.ca.