

Request for Hearing Officer Review

Tel: 519-255-6298 Fax: 519-255-9467
1266 McDougall Street, Windsor, ON N8X 3M7

**** FILL OUT IN ITS ENTIRETY ****

| Penalty Notice Recipient | | | Please indicate a contact preference: | |
|--|--|--|--|--------------------------|
| Name (<i>first and last</i>) | | | Canada Post: | <input type="checkbox"/> |
| Address | | | Fax Number: | <input type="checkbox"/> |
| City | | | E-mail Address: | <input type="checkbox"/> |
| Postal Code | Province | Telephone | | |
| Penalty Notice Information (Infraction) (<i>Please provide the information found on the Penalty Notice</i>) | | | | |
| Penalty Notice No.: | Penalty Date: | Plate Number: | | |
| Offence: | | Penalty Amount: | | |
| Authorized Representative (agent on behalf of) | | | Please indicate a contact preference: | |
| Name (<i>first and last</i>) | | | Telephone: | <input type="checkbox"/> |
| Address | | | Canada Post: | <input type="checkbox"/> |
| City | | | Fax Number: | <input type="checkbox"/> |
| Postal Code | Province | E-mail Address: | | <input type="checkbox"/> |
| Complete this section for your Hearing Review Appointment | | | | |
| <ul style="list-style-type: none"> Please check your preferred Hearing time range below. If you or your agent are not available to attend a Hearing on our designated day, please include this information on your Hearing Request form with the reason for your inability to attend. The scheduling of Hearings will only be delayed by a maximum of one (1) month. Your preference for a date and time will be considered but cannot be guaranteed. A Notice will be sent to you confirming the date and time of your Hearing appointment by your chosen method above. If submitting your request by mail or fax, a notice will be sent to you confirming the date and time of your Hearing appointment by your chosen method above. Hearing appointments cannot be rescheduled or adjourned. | | | | |
| Hearing Appointment Times. Attempts will be made to accommodate, but cannot be guaranteed. | | | | |
| <input type="checkbox"/> 9:00 a.m. – 10:30 a.m. | <input type="checkbox"/> 10:30 a.m. – 12:00 p.m. | <input type="checkbox"/> 1:00 p.m. – 2:30 p.m. | <input type="checkbox"/> 2:30 p.m. – 4:30 p.m. | |

Reason for Hearing Request - *You are required to provide specific reason(s).*

- Please provide a factual and detailed explanation of your reason(s) for your Review request.
- If you wish to support your Review with images or other documentation please include when submitting the request for your Hearing Review.
- If more room is required –please attach separate sheet.
- Do you wish to use the same explanation as the Screening Request? YES ☐ NO ☐
(if NO, use space below for additional information)

Attachment(s) Included: ☐ YES ☐ No (please check one)

Statement of Penalty Notice Recipient

I represent and I agree that:

- I am the registered owner of the vehicle (for Parking Penalty Notices only); or agent
- **I acknowledge that if I fail to answer the phone call(s) made by the Hearing Officer at my schedule Hearing time, I will be deemed to have abandoned my request for a Hearing Review, the Administrative Penalty will be affirmed, and I will be liable for an additional fee for having failed to appear (currently \$100.00).**
- The City of Windsor will not be held responsible for illegible or incomplete forms, nor will it be responsible for the untimely deliverance of forms through Canada Post.
- Failure to complete this form in its entirety may result in the Administrative Penalty and additional fees being affirmed.
- **Standard Courtroom codes of conduct will apply.**
- I have read and understand the conditions of this application.

Signature

Date

Instructions for Submitting Hearing Review Requests

Please submit your completed form to the City of Windsor by:

- **In person** or by **Canada Post** to City of Windsor, Public Works, 1266 McDougall Street, Windsor, Ontario N8X 3M7
- Or by **Fax**: 519-255-9467.