

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) (*Please provide the information found on the Penalty Notice*)

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:		

Complete this section for your Hearing Review Appointment

- Please check your preferred Hearing time segment below.
- If you or your agent are not available to attend an In-Person Hearing on a specific 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** above.
- In-Person 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"/> 11:00 a.m. – 12:00 p.m.	<input type="checkbox"/> 1:00 p.m. – 2:30 p.m.	<input type="checkbox"/> 3:00 p.m. – 4:30 p.m.
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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 bring them with you at your scheduled In-Person 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 appear and to remain at my scheduled In-Person Hearing Review until my matter has been determined by the Hearing Officer, 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 In-Person 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.

Applicant's Name	
Penalty Notice Number	
Date of Hearing	

1 <input type="checkbox"/>	The administrative penalty is cancelled and nothing is payable.	
2 <input type="checkbox"/>	The administrative penalty is reduced to \$ _____, payable on or before _____. Please see Note 1.	
3 <input type="checkbox"/>	The administrative penalty is affirmed. The amount of \$ _____ is payable on or before _____. Please see Note 1.	
4 <input type="checkbox"/>	The applicant failed to appear and the amount of \$ _____ is due 3 weeks from today. Please see Notes 1 and 2.	
5 <input type="checkbox"/>	<u>Hearing Officer Comments:</u>	

Date	Hearing Officer Signature
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Note 1: Additional late payment fees will be added if payment is not made by the due date imposed by the Hearing Officer.

Note 2: Windsor Parking By-Law 1-96 Section 10.1 (20), a \$100.00 failure to attend fee is imposed.