



Request for Screening

screeningrequest@london.ca
Fax: 519-661-2413 Tel: 519-661-4537
824 Dundas Street, London, ON N5W 5R1

Applicants are responsible for the completion and content of this form

Please ensure areas marked with a (*) are completed.

One form per Penalty

Personal Information of Penalty Notice Recipient:		
* Name (first and last)		* Home Telephone
* Address		Other Telephone
* City		Fax Number (Preferred)
* Province	* Postal Code	Email Address (Preferred)

Information from Penalty Notice:		
* Penalty Notice Number	* Offence Date	*Property/Business Address
Location where Penalty Occurred		
Offence	Bylaw and Section Number	

Type of Screening Requested: (Select one preferred screening method below)
<input type="checkbox"/> Phone Screening
<input type="checkbox"/> Email Screening

- All requests for screening must include a factual and detailed explanation of the reason(s) for your screening request written on the next page or included as an attachment with this request form.
- If you wish to support your screening request with images or other documents, please include them with this request form.
- The Screening Decision will be sent to the address/email provided on this form once a decision is made.

Personal information obtained through use of this form is collected and used for the purpose of administering legal processes pursuant to the Municipal Act.

***Reasons for Screening Request:** (Write below or include attachment)

***Have you included an attachment to supplement your screening request?** (choose one)

Yes

No

Personal information obtained through use of this form is collected and used for the purpose of administering legal processes pursuant to the Municipal Act.

***Statement of Penalty Notice Recipient:**

- I am the person named on the Penalty Notice;
- Or, I am a third-party agent authorized in writing to act on behalf of the person named in the penalty notice and I will provide written authorization of such to the Screening Officer.
- I acknowledge that if I fail to appear and remain at my scheduled screening until my matter has been determined by the Screening Officer, I will be deemed to have abandoned my request and charged an additional \$50.00 which will be added to my penalty notice.
- I have read and understand the conditions of this application.

Signature

Date of signing

Instructions for Submitting Screening Request Form

Please submit your completed Screening Request Form with all additional supporting documentation, if applicable (ie. Receipts, and/or Income Statements) to Parking Services & Compliance by one of the following three methods:

1. **Mail:** Parking Services & Compliance P.O Box 5400, London, ON, N6A 4L6
2. **Email:** screeningrequest@london.ca (must include a scanned copy of this form)
3. **Facsimile (Fax):** 519-661-2413

Personal information obtained through use of this form is collected and used for the purpose of administering legal processes pursuant to the Municipal Act.

For Internal Use Only

The following area is for City of London Staff to complete

Application Received	Appointment Information	
Date Stamp	Appointment Date	Appointment Time
	Registered Owner Notified by: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> In Person	
	Date Notified	Screening Officer Initials

Screening Decision

--	--

Screening Officer's Signature	Date of decision
-------------------------------	------------------