The Corporation of the Township of Hamilton
8285 Majestic Hills Drive
P.O. Box 1060, Cobourg, ON K9A 4W5
Tel: 905-342-2810 Fax: 905-342-2818
Email: building@hamiltontownship.ca
Web: www.hamiltontownship.ca

Screening or Hearing Request Form

Applicants are responsible for the completion and content of this form.
Note: You cannot request a Hearing if you have not previously requested a Screening.

I am requesting: Screening ☐ Hearing ☐

Name (first and last):	Phone (preferred):
Address:	
Email:	
Penalty Notice Information	
Penalty No.	Offence date
Offence	Section number
Reason for Appeal: (provide specific reasons)	

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Supporting Materials	
Attachments included?	
If you have photographs, documents or other material to support your request, please list the items below and attach copies to your completed form.	
Statement of Penalty Notice Recipient	
• I am the recipient of the penalty Notice. • If I authorize a representative, I acknowledge that if they or I fail to appear for the Screening or Hearing, I will be deemed to have abandoned my request, the penalty will be affirmed, and I will be liable for administrative fees for failing to appear. By signing and submitting, I acknowledge that I have read and understand the conditions of this form.	
Signature	Date

Personal Information on this form is collected under the authority of the Municipal Freedom and Protection of Privacy Act, R.S.O. 1990, c. M56, as amended. Inquiries about the collection of personal information should be directed to the Municipal Clerk.

For Office Use Only

Application received date		Appointment date	
Appointment time		Date appellant notified	
Penalty notice recipient notified by:			
Email	Mail	Phone	In-person