



**The Village of South River**  
**63 Marie Street, P.O. Box 310, South River, Ontario, P0A 1X0**  
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**REQUEST FOR SCREENING OFFICER REVIEW**  
**ADMINISTRATIVE MONETARY PENALTY NOTICE (AMPS)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Penalty Notice Number: \_\_\_\_\_

*Date Penalty Notice Served:* \_\_\_\_\_

REQUEST FOR SCREENING OFFICER REVIEW

Reason for Review:

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I formally request a Screening Officer Review in relation to the Penalty Notice noted above. I understand that if I do not appear at the Screening Review on the agreed upon date, I will be charged an additional fee of \$50.00.

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*Signature of Applicant*

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*Date*

**OFFICE USE ONLY**

Screening Review Date: \_\_\_\_\_

Performed By: \_\_\_\_\_

Result:

- Affirm the Administrative Penalty
- Cancel the Administrative Penalty
- Reduce the Administrative Penalty Amount
- Extension for payment of the Administrative Penalty

\_\_\_\_\_ (Extension Date Given)

Screening Review Details:

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- REQUEST FOR HEARING OFFICER REVIEW

I formally request a Hearing Officer Review in relation to the Penalty Notice noted above. I understand that if I do not appear at the Hearing Review on the agreed upon date, I will be charged an additional fee of \$150.00.

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*Signature of Applicant*

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*Date*

Hearing Review Date: \_\_\_\_\_

Performed By: \_\_\_\_\_

Result:

- Affirm the Administrative Penalty
- Cancel the Administrative Penalty
- Reduce the Administrative Penalty Amount
- Extension for payment of the Administrative Penalty

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(Extension Date Given)

Hearing Review Details:

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*THE DECISION OF A HEARING OFFICER IS FINAL*