



The Village of South River
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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:

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.

Signature of Applicant

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:

- ☐ 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.

Signature of Applicant

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

(Extension Date Given)

Hearing Review Details:

THE DECISION OF A HEARING OFFICER IS FINAL