

**SCHEDULE “C”
To BY-LAW # 21-26**

AMPS REQUEST FORM

IMPORTANT INFORMATION TO READ PRIOR TO COMPLETING REQUEST FORM

- Applicants are responsible for completing all required portions of the applicant portion of this form, and any false or misleading information may lead to this request being null and void.
- Personal information contained on this form is collected under the authority of Part IV and Section 11 of the *Municipal Act, 2001* and will be used for the administration of the AMPS Program. Questions concerning collection of personal information should be directed to the Clerk.
- Any supporting evidence (photos or documents) for your Screening Request must be brought with you or attached to this completed form and the number of items noted.
- Any supporting evidence NOT presented for the Screening is NOT ADMISSABLE at the Hearing.

TO BE COMPLETED BY APPLICANT				
<input type="checkbox"/> Penalty Notice Recipient	<input type="checkbox"/> Authorized Representative	<input type="checkbox"/> Property Owner		
PENALTY NOTICE RECIPIENT				
NAME (First and Last)	ADDRESS (Street, Town, Province)	POSTAL CODE		
EMAIL	HOME PHONE #	OTHER PHONE #		
AUTHORIZED REPRESENTATIVE (to be completed IF REPRESENTATIVE is accompanying Recipient)				
NAME (First and Last)	ADDRESS (Street, Town, Province)	POSTAL CODE		
EMAIL	HOME PHONE #	OTHER PHONE #		
PENALTY NOTICE INFORMATION (found on notice received)				
PENALTY NOTICE #	NAME / ADDRESS ON NOTICE	OFFENCE COMMITTED		
BY-LAW / SECTION #	ADDRESS OF OFFENCE	ISSUED: IN PERSON/MAIL/VEHICLE		
TYPE OF REQUEST (Under AMPS By-law)				
<input type="checkbox"/> SCREENING REVIEW	<input type="checkbox"/> APPEAL TO HEARING	<input type="checkbox"/> EXTENSION OF TIME TO PAY	<input type="checkbox"/> EXTENSION OF TIME FOR A SCREENING	<input type="checkbox"/> EXTENSION OF TIME FOR A HEARING
In the space below, provide a factual and detailed explanation of your reason(s) for the Request:				
APPLICANT SIGNATURE			DATE / TIME	
AMPS REQUEST MUST BE SUBMITTED BY:				
1. In Person or by Mail: Township of Ryerson, 28 Midlothian Road, Burk's Falls, Ontario, P0A 1C0				
2. Email completed and signed form (with attachments) to clerk@ryersontownship.ca				
TO BE COMPLETED BY TOWNSHIP / APPOINTED OFFICER / AUTHORIZED STAFF				
Name	Role / Position	Date Received	Signature / Initials	
IS REQUEST COMPLETE? (applicant information complete / request signed)				
FEE REQUIRED FOR TYPE OF REQUEST?				
Additional information / evidence attached to request?				
Number of attachments:				

A Request for Review by Screening Officer or Hearing Officer or a request for an extension of time to request a Screening Review or Hearing Officer shall only be scheduled by the By-law Enforcement Department.