



AMPS Authorization to Act as an Agent Form

Complete this form if you are authorizing a person to act on your behalf during a Screening Review or Hearing Review Appointment. The authorized person should bring this completed form with them.

I, the undersigned, hereby authorize: _____
to act and appear for me as my agent in the matter pertaining to the following Penalty Notice(s):

Penalty Notice Number: _____

Penalty Notice Number: _____

(if multiple Penalty Notices)

Penalty Notice Number: _____

Penalty Notice Number: _____

(if multiple Penalty Notices)

(if multiple Penalty Notices)

My authorized agent may enter a plea to any penalty he or she deems appropriate toward a conclusion of this matter.

I am aware that if there is a fine to be paid after the Screening Review or Hearing Review, the ultimate responsibility to pay the fine rests with me.

Signature: _____ Name (please print): _____

Date: _____

The personal information on this form is collected in accordance with the Municipal Act, 2001 and will be used in the administration of the Administrative Monetary Penalty System. Questions about this collection can be directed to: Legislative Services/Clerks Department, 3-5 Pineridge Gate, Gravenhurst, ON P1P 1Z3, by telephone at 705-687-2230 or by email to amps@gravenhurst.ca.

NOTE: *This form must be printed, signed, and brought to the Screening Review or Hearing Review appointment by the agent named.*