



NON-PARKING AMPS Hearing Review

3-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
amps@gravenhurst.ca
705-687-2230

INSTRUCTIONS

- If you wish to support your Hearing Review with images or other documentation, please send them to amps@gravenhurst.ca in advance of your Screening appointment.
- Include your name and penalty notice number on all submitted documentation.
- The Hearing Officer’s decision will be provided to you at the Screening.

All information you provide is protected by the *Municipal Freedom of Information and Protection of Privacy Act*.

A. Penalty Notice information		
Please provide the information found on the Penalty Notice.		
Penalty Notice Number.:	Penalty date:	Location:
Offence:		

B. Required information		
Name of Defendant:	Phone number:	
Address:		
City:	Province:	Postal code:
Mailing address (if different than above):		
Email address:		

C. Type of Hearing requested	
<input type="checkbox"/> In-person Hearing	<input type="checkbox"/> Virtual Hearing (email required in section B.)

In Person Hearing Appointment:

- Where the defendant is a resident in the District of Muskoka, the hearing appointment may be held in person.

Virtual Hearing Appointment:

- Where the defendant resides outside the District of Muskoka, a virtual hearing may be granted once the required supporting documents are provided to the Hearing Officer.
- Where the defendant is a resident in the District of Muskoka; a virtual hearing may be granted at the discretion of the Manager, once the required supporting documents are provided to the Hearing Officer

Note: The Hearing Officer may choose to attend your in-person Hearing virtually. In this circumstance, you will be provided a meeting room and a computer at your in-person Hearing.



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D. Authorized representative (optional)		
<ul style="list-style-type: none"> ▪ See relevant Municipal Administrative Penalty By-law for list of authorized representatives. 		
Name of authorized representative:	Phone number:	
Address:		
City:	Province:	Postal Code:
Mailing Address (if different than above):		
Email Address:		
<p>Declaration:</p> <p>I, _____ (defendant) hereby authorize _____ (name of authorized representative) to act and appear for me as my authorized representative in the matter pertaining to the above Penalty Notice.</p> <p>The authorized representative named on this form may enter a plea to any offence they deem fit towards completion of this matter as authorized by me in writing.</p> <p>I am aware that if there is a penalty to be paid after the Hearing, the ultimate responsibility to pay the penalty and any administration costs rests with myself.</p>		

E. Information about Screenings
<ul style="list-style-type: none"> ▪ Hearings may be conducted in-person or virtually. ▪ The Manager of By-law Services will contact you with a date and time for your Hearing Appointment. ▪ A request for a Hearing Review may be submitted by mail, email or in person up to 15 calendar days from the date of issuance of the Screening Review decision. ▪ Late submissions cannot be accepted. ▪ Hearing Reviews cannot be rescheduled or adjourned.



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G. Statement of Penalty Notice Recipient	
<p>I represent and warrant that:</p> <ul style="list-style-type: none"> I am the defendant identified on the issued Penalty Notice. Upon my authorization of a representative to accompany me and/or act on my behalf in this matter, I acknowledge that if they/I fail to appear and remain at the scheduled Hearing until my matter has been determined by the Hearing Officer, I will be deemed to have abandoned my request for a Hearing, the administrative penalty will be affirmed, and I will be liable for an additional \$250.00 fee for having failed to appear. I have read and understand the conditions of this application. 	
Signature:	Date:

Submit your completed form using one of the methods below:

- a) By mail: Town of Gravenhurst Legislative Services, Clerks Department, 3-5 Pineridge Gate Gravenhurst, ON P1P 1Z3
- b) By email: amps@gravenhurst.ca
- c) In person: Town of Gravenhurst, Legislative Services, Clerks Department, 3-5 Pineridge Gate Gravenhurst, ON P1P 1Z3

Personal information, as defined in the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001, and in accordance with MFIPPA, for the purpose of administering online services and providing you with access to your Town of Gravenhurst accounts. Inquiries about the MFIPPA or the collection, use, and disclosure of this personal information may be directed to Jonathan Gilston, Deputy Clerk for the Town of Gravenhurst at jonathan.gilston@gravenhurst.ca or 705-687-2230, ext. 2270.

For Internal Use Only			
Application Received	Appointment Information		
Date Stamp: <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 5px;"></div>	Appointment Date:	Appointment Time:	Date Notified:
Penalty Notice Recipient Notified by: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> In person			