

# AMPS Parking Hearing Request

[parking@stcatharines.ca](mailto:parking@stcatharines.ca)

905.688.5600

50 Church St, St. Catharines, ON L2R 7C2

## Instructions

- If you wish to support your **in-person** Hearing with images or other documentation, please bring them with you to your Hearing.
- If you wish to support your **virtual** Hearing with images or other documentation, please send them to [parking@stcatharines.ca](mailto:parking@stcatharines.ca) in advance of your Hearing.
- Include your name and Penalty Notice Number on all submitted documentation.
- The Hearing Officer’s decision will be provided to you at the Hearing.

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:	Licence Plate number:	

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

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

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.

**D. Authorized representative (optional)**

- 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><b>Declaration:</b></p> <p>I, _____ (registered plate owner) 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 Hearings**

- Hearings may be conducted in-person or virtually.
- A Hearing Officer will contact you to book the Hearing.
- A request for a Hearing may be submitted by mail, email or in person up to 15 calendar days after a Screening Appointment.
- Late submissions cannot be accepted.
- Once booked, you will be contacted with a date and time for your Hearing.
- Hearings cannot be rescheduled or adjourned.

**F. Reason for Appeal**

- Provide a factual and detailed explanation of the reason(s) for your appeal Hearing request.

Attachment(s) included?  Yes  No

<b>G. Statement of Penalty Notice Recipient</b>	
I represent and warrant that: <ul style="list-style-type: none"> <li>I am the registered owner of the vehicle identified on the issued Penalty Notice.</li> <li>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/or 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 \$50.00 fee for having failed to appear.</li> <li>I have read and understand the conditions of this application.</li> </ul>	
Signature:	Date:

Submit your completed form using one of the methods below:

- a) By mail: City of St. Catharines, Financial Management Services, Parking Services  
2<sup>nd</sup> Floor, 50 Church St, P.O. Box 3012, St. Catharines, ON L2R 7C2
- b) By email: [Parking@stcatharines.ca](mailto:Parking@stcatharines.ca)
- c) In person: City of St. Catharines, Parking Services  
2<sup>nd</sup> Floor, 50 Church St, St. Catharines, ON L2R 7C2

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 City of St. Catharines accounts. Inquiries about the MFIPPA or the collection, use, and disclosure of this personal information may be directed to the Office of the City Clerk at [clerks@stcatharines.ca](mailto:clerks@stcatharines.ca) or 905.688.5601, ext. 1517.

<b>For Internal Use Only</b>			
<b>Application Received</b>	<b>Appointment Information</b>		
Date Stamp:	Appointment date:	Appointment time:	Date notified:
	Penalty Notice recipient notified by: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> In person		
	Hearing location:		