

## Request for AMPS Hearing Appeal

Email: [parking@wainfleet.ca](mailto:parking@wainfleet.ca)

Tel: 905-899-3463 Fax: 905-899-2340

31940 Highway 3, P.O. Box 40 Wainfleet, Ontario L0S 1V0

Penalty Notice Recipient		
Name (first and last)	Home Telephone	
Address	Other Telephone	
City	Province	Postal Code
Mailing Address (if different than above)		
Email Address		

Authorized Representative - Optional *See relevant Municipal Administrative Penalty By-law for list of authorized representatives*		
Name (first and last)	Home Telephone	
Address	Other Telephone	
City	Province	Postal Code
Mailing Address (if different)		
Email Address		

Penalty Notice Information *Please provide the information found on the Penalty Notice*		
Penalty Notice No.	Penalty Date	Name on Penalty Notice
Offence		

Type of Hearing Requested *You are required to check one preferred method of Hearing*	
<input type="checkbox"/> <b>In-Person Appeal</b>	<input type="checkbox"/> <b>Virtual Appeal</b> (email required)
<p>Note: the Appeal Hearing Officer may choose to attend your In-person Appeal Hearing virtually. You will be provided a meeting room and a computer in this circumstance.</p>	





