

All requests for screening must include a factual and detailed explanation of the reason(s) for your request. If you wish to support your Screening request with images or other documents, please include them with this request form. Applicants are responsible for completion and content on this form. For more information on AMPS visit www.cornwall.ca/amps/ .

Penalty Notice Recipient	
Name (first and last)	Home Number
Address	Cell Number
City	Province
Postal Code	Email Address

Penalty Notice (infraction) (Please provide the information found on the Penalty Notice)		
Penalty Notice No.	Penalty Offence Date	Plate Number or Name on the Penalty Notice
Location where the infraction Occurred (complete for non-parking Penalty Notices only)		
Infraction	Section Number	

Reason For Screening (you are required to provide specific reason(s))
<ul style="list-style-type: none">- Please provide a factual and detailed explanation of your reason(s) for your Screening request.- If you wish to support your Screening with images or other documentation, please bring them with you at your scheduled In-Person Screening or attach them to this request.

Attachment(s) included (please check relevant box): <input type="checkbox"/> Yes <input type="checkbox"/> No

Statement of Penalty Notice Recipient	
I represent and warrant that:	
<input type="checkbox"/> I am the registered owner of the vehicle bearing the numbered plate specified in the Penalty Notice (for Parking Penalty Notices only); or <input type="checkbox"/> I am the person named on the Penalty Notice (for Non-Parking Penalty Notices only); or <input type="checkbox"/> I am a third-party agent authorized in writing to act on behalf of the vehicle owner named in the penalty notice and I will provide written authorization of such to the Screening Officer. Consent Form	
I acknowledge that if I fail to appear and to remain at my scheduled In-Person Screening until my matter has been determined by the Screening Officer, I will be deemed to have abandoned my request for a Screening, the Administrative Penalty will be affirmed, and I will be liable for an additional non-appearance fee as per the AMPS By-Law, and Personal information obtained through use of this form is collected and used for the purpose of administering legal process pursuant to the <i>Municipal Act</i> .	
Signature mandatory for a Screening Review	
Signature	Date

Instructions for Submitting In-Person Screening Request Form
Please submit your completed form to the City of Cornwall by:
a) In Person to The City of Cornwall, Building and By-Law Division, 100 Water Street East 2 nd floor Cornwall, ON K6H 6G4 b) Emailed your saved and scanned copy to: amps@cornwall.ca c) By fillable form Fillable form

Screenings will be held every Tuesday, Thursday, and Friday at the times specified below.

Complete this section to attend an In-Person Screening	
<ul style="list-style-type: none"> Please check your preferred Screening appointment day and time below. (please choose at least 2) Screenings will be scheduled for the next available day selected. Your preference for a date and time will be considered but cannot be guaranteed. If submitting your request by email, a notice will be sent to you confirming the date and time of your Screening appointment. In-Person Screening appointments cannot be rescheduled or adjourned. If you fail to attend your Screening Review, an administration fee will be added to the penalty amount. 	
Please check off your desired day and time	
Tuesday	<input type="checkbox"/> 11:30 a.m. <input type="checkbox"/> 11:45 a.m. <input type="checkbox"/> 12:00 p.m. <input type="checkbox"/> 12:15 p.m. <input type="checkbox"/> 12:00 p.m. <input type="checkbox"/> 12:15 p.m.
Thursday	<input type="checkbox"/> 1:30 p.m. <input type="checkbox"/> 1:45 p.m. <input type="checkbox"/> 2:00 p.m. <input type="checkbox"/> 2:15 p.m. <input type="checkbox"/> 2:30 p.m. <input type="checkbox"/> 2:45 p.m.
Friday	<input type="checkbox"/> 9:00 a.m. <input type="checkbox"/> 9:15 a.m. <input type="checkbox"/> 9:30 a.m. <input type="checkbox"/> 9:45 a.m. <input type="checkbox"/> 10:00 a.m. <input type="checkbox"/> 10:15 a.m.

FOR INTERNAL USE ONLY		
Application Received	Appointment Information	
Date Stamp:	Appointment Date	Appointment Time
	Notified by:	Date Notified
	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In Person	
Screening Decision		
Screening Officer's Signature	Date	

Personal information contained on this form is collected and will be used for the purpose of administering the City's Administrative Penalty process. Questions about this collection should be directed to the City of Cornwall at 613-930-2787 ex. 2193 or emailed to: amps@cornwall.ca