

The Corporation of the Township of Joly 871 Forest Lake Road, P.O. Box 519 Sundridge, Ontario P0A 1Z0

Telephone (705) 384-5428 office@townshipofjoly.com almaguinbylaw@southriver.ca

REQUEST FOR SCREENING OFFICER REVIEW ADMINISTRATIVE MONETARY PENALTY NOTICE (AMPS)

Name:		
Address:		
Phone Number:		
Email Address:		
Penalty Notice Number:		
Date Penalty Notice Served:		
☐ REQUEST FOR SCREENING OFFI	ICER REVIEW	
Reason for Review:		
I formally request a Screening Officer Revie above. I understand that if I do not appear upon date, I will be charged an additional fe	at the Screening Review on t	
Signature of Applicant	Date	



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OFFICE USE ONLY
Screening Review Date:
Performed By:
Result:
 □ Affirm the Administrative Penalty □ Cancel the Administrative Penalty □ Reduce the Administrative Penalty Amount □ Extension for payment of the Administrative Penalty
(Extension Date Given)
Screening Review Details:
□ REQUEST FOR HEARING OFFICER REVIEW
I formally request a Hearing Officer Review in relation to the Penalty Notice noted above. I understand that if I do not appear at the Hearing Review on the agreed upon date, I will be charged an additional fee of \$150.00.
Signature of Applicant Date



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Hear	ring Review Date:	
Perfo	formed By:	
Resu	ult:	
	□ Affirm the Administrative Penalty	
	□ Cancel the Administrative Penalty	
□ Reduce the Administrative Penalty Amount		
□ Extension for payment of the Administrative Penalty		
	(Extension Date Given)	
Hear	ring Review Details:	

THE DECISION OF A HEARING OFFICER IS FINAL