



London
CANADA

Request for Screening

Email: screeningrequest@london.ca

Phone: 519-661-4537

Fax: 519-661-2413

Address: 824 Dundas Street, London, ON, N5W 5R1

Penalty Notice Recipients are responsible for the completion and content of this form

Please ensure areas marked with a (*) are completed

***Personal Information of Penalty Notice Recipient:**

*Name (first and last):	*Home Telephone:
*Address:	*Mobile Telephone:
*City:	*Province:
*Postal Code:	*Email Address:

***Information from Penalty Notice:**

*Penalty No.:	*Offence Date:
*License Plate Number:	*Offence:
Location where Penalty Occurred:	
Section Number:	

***Type of Screening Requested:** (Select one preferred screening method below)

Phone Screening

Written screening

***Reasons for Screening Request:**

- All requests for screening must include a factual and detailed explanation of the reason(s) for your screening request written on the next page or included as an attachment with this request form.
- If you wish to support your screening request with images or other documents, please include them with this request form.
- The Screening Decision will be sent to the address provided on this form, once a decision is made.

Personal information obtained through use of this form is collected and used for the purpose of administering legal processes pursuant to the Municipal Act.

***Reasons for Screening Request (continued)** write below or include attachment:

***Have you included an attachment to supplement your screening request?** (choose one)

Yes

No

***Statement of Penalty Notice Recipient:**

I represent and warrant that:

- I (the undersigned) am the registered owner of the vehicle bearing the number plate specified in the penalty notice, or;
- 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.
- I acknowledge that if I fail to appear and remain at my scheduled screening until my matter has been determined by the Screening Officer, I will be deemed to have abandoned my request and charged an additional \$50.00 which will be added to my penalty notice.
- I have read and understand the conditions of this application.

X

Registered Owner of Vehicle or their Agent

X

Date of Signing

Instructions for Submitting Screening Request Forms

Please submit your completed Screening Request Form to the Municipal Law Enforcement and Parking Services Office by one of the following three methods:

1. **Mail:** Municipal Law Enforcement and Parking Services, P.O Box 5400, London, ON, N6A 4L6
2. **Email:** screeningrequest@london.ca (must include a scanned copy of this form)
3. **Facsimile (Fax):** 519-661-2413

FOR INTERNAL USE ONLY

The following area is for City of London Staff to complete

Date Application Received:

Appointment Information:

Date Stamp:

Appointment Date:

Appointment Time:

Registered Owner Notified By: Email Mail Fax In Person

Date Notified:

Screening Officer's Initials:

Screening Decision (to be completed by Screening Officer):

X

Screening Officer's Signature

X

Date of Decision