

## Schedule "C" Request for a Review by a Screening or Hearings Officer

Applicants are responsible for the completion and content of this form

<b>Penalty Notice Recipient</b>		
Name (first & last)	Home Telephone	
Address	Other Telephone	
City	Fax Number	
Province	Postal Code	Email Address

<b>Penalty Notice Information (Infraction)</b>		
Please provide the information found on the penalty notice		
Penalty Notice Number	Penalty Date	Name on Penalty Notice
Location where the infraction occurred		
Offence	Section Number	

<b>Typers of Request</b>
<input type="checkbox"/> Review by a Screening Officer to dispute penalty notice received
<input type="checkbox"/> Review by a Hearings Officer to dispute decision of a Screening Officer

<p><b>Reason for Review</b> (you are required to provide specific reason(s))</p> <ul style="list-style-type: none"> <li>Please provide a factual detailed explanation of your reason(s) for your request</li> <li>If you wish to support your request with images or other documentation, please attach them to this request</li> <li>The Screening or Hearing Decision will be sent to you</li> </ul>

