



## REQUEST FOR REVIEW BY HEARING OFFICER

appeals@centrewellington.ca

Tel: 519.846.9691 ext. 307

1 MacDonald Square, Elora, ON N0B 1S0

www.centrewellington.ca

**Applicants are responsible for the completion and content of this form.**

**Hearings are conducted electronically (Microsoft Teams or other video conferencing software) unless there is a requirement on a case-by-case basis, as determined by the Hearing Officer. Please ensure a copy of the vehicle ownership is included with your hearing request.**

Personal Information of Penalty Notice Recipient: (Registered Owner)		
Last Name:	First Name:	
Address:	Home Phone:	
City:	Email Address:	
Province:	Postal Code:	
Penalty Notice Information:		
Penalty No.	Offence Date:	License Plate/VIN:
Location where Penalty Occurred:		
Offence:	Section Number:	
Type of Hearing Requested: (Electronic Hearing is the default)		
In accordance with s. 8.7 of By-law 2025-81, a Hearing shall be conducted as an Electronic Hearing unless there is a requirement on a case-by-case basis, as determined by the Hearing Officer, to provide the Hearing through other means.		
Electronic Hearing (Microsoft Teams or other video conferencing software)	<input type="checkbox"/>	Other: _____ (To be determined by Hearing Officer)
		<input type="checkbox"/>

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

**Reason for Hearing Request: (Write below or include attachment)**

**Have you included an attachment to supplement your hearing request?**

Yes

No

Authorized Representative: (optional)	
Last Name:	First Name:
Address:	Home Phone:
City:	Email Address:
Province:	Postal Code:
<p>I, _____ (registered vehicle owner) hereby authorize _____ (name of authorized representative) to act and appear for me as my authorized representative in the matter pertaining to the above Penalty Notice. The authorized representative named on this form may enter a plea to any offence they deem fit towards completion of this matter as authorized by me in writing. I am aware that if there is a penalty to be paid after the Hearing, the ultimate responsibility to pay the penalty and any administration costs rests with myself.</p>	
<b>Statement of Penalty Notice Recipient:</b> <ul style="list-style-type: none"> <li>• I (the undersigned) am the registered owner of the vehicle bearing the number plate/VIN specified in the penalty notice.</li> <li>• I acknowledge that if I or, my authorized representative, fail to appear and to remain at my scheduled Hearing until my matter has been determined by the Hearing Officer, the Hearing may proceed in my absence and I will be liable for an additional fee* for having failed to appear.</li> <li>• I may be charged an additional MTO search fee* in addition to the Administrative Penalty.</li> <li>• I have read and understand the conditions of this form.</li> </ul> <p>*Fees are subject to Harmonized Sales Tax (HST) where applicable. Amounts shall align with the Township's Fees and Charges By-law, as amended from time to time.</p> <p>Personal information obtained through use of this form is collected and used for the purpose of administering legal processes pursuant to the Municipal Act.</p>	
Signature:	Date of Signing:

Please submit your completed Request for Hearing form to the Township of Centre Wellington by means of one of the following methods:

**By mail:** Township of Centre Wellington—Parking  
1 MacDonald Square  
Elora, ON N0B 1S0

**By email:** [appeals@centrewellington.ca](mailto:appeals@centrewellington.ca)  
**In person:** Township of Centre Wellington Municipal Office  
1 MacDonald Square, Elora, ON  
Mon—Fri 8:30 am to 4:30 pm

### Hearing Information

1. **Hearing Request:** Where an Administrative Penalty has not been cancelled, a Person may request a Hearing within fifteen (15) days of the date of service of the Decision of a Screening Officer, as outlined in s. 8.1 of By-law 2025-81. You will be notified of the date and time of the Hearing.
2. **Requesting an Extension:** If a Person does not request a Hearing within fifteen (15) days of the date of service of the Decision of a Screening Officer, the Person may request the Clerk to extend the time to request a Hearing. A Person's right to request an extension of time for a Hearing expires if it has not been exercised within thirty (30) days of the date of service of the Decision of a Screening Officer, in accordance with s. 8.3 of By-law 2025-81.
3. **Missed Hearing:** If you or your representative fail to attend your scheduled Hearing, the Hearing Officer may proceed with the Hearing in the Person's absence. A non-appearance fee of \$100.00 will also be charged.
4. **Hearing Officer's Decision:** The Hearing Officer may affirm the penalty, cancel the penalty, reduce the amount, or extend payment timelines based on evidence of contravention, extenuating circumstances, or financial hardship, as outlined in s. 8.19 of By-law 2025-81. The decision of a Hearing Officer is final and binding and shall not be subject to further review.
5. **Hearing Officer's Authority:** A Hearing Officer has no authority to consider challenges to the validity or constitutionality of by-laws, statutes or regulations.

### For Internal Use Only

Application Received	Appointment Information		
Date Stamp:	Appointment Date:	Appointment Time:	Date Notified:
	Registered Owner Notified by:		Penalty Notice Recipient's Initials
	Email <input type="checkbox"/>	Fax <input type="checkbox"/>	
	Personal <input type="checkbox"/>	Mail <input type="checkbox"/>	
	Location: Virtual unless otherwise specified.		

### Hearing Decision

Hearing Officer's Signature	Date: