



Centre Wellington

## REQUEST FOR SCREENING

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.**

**Please ensure a copy of the vehicle ownership is included with your screening request.**

| <b>Personal Information of Penalty Notice Recipient: (Registered Owner)</b>  |                          |  |                          |                     |                          |
|--|--------------------------|--|--------------------------|---------------------|--------------------------|
| Last Name:   | First Name:              |  |                          |                     |                          |
|  |                          |  |                          |                     |                          |
| Address:   | Home Phone:              |  |                          |                     |                          |
|  |                          |  |                          |                     |                          |
| City:  | Email Address:           |  |                          |                     |                          |
|  |                          |  |                          |                     |                          |
| Province:  | Postal Code:             |  |                          |                     |                          |
|  |                          |  |                          |                     |                          |
| <b>Penalty Notice Information:</b>   |                          |  |                          |                     |                          |
| Penalty No.  | Offence Date:            | License Plate/VIN:                         |                          |                     |                          |
|  |                          |  |                          |                     |                          |
| Location where Penalty Occurred:   |                          |  |                          |                     |                          |
|  |                          |  |                          |                     |                          |
| Offence:   |                          | Section Number:                            |                          |                     |                          |
|  |                          |  |                          |                     |                          |
| <b>Type of Screening Requested:</b> (Select one preferred screening method below)                                      |                          |  |                          |                     |                          |
| *Screening will be processed by the Screening Officer without your attendance if either of these methods are selected  |                          |  |                          |                     |                          |
| In person / virtual screenings will be scheduled for the next available screening date, of which you will be notified. |                          |  |                          |                     |                          |
| Written*   | <input type="checkbox"/> | Electronic Document Submission<br>(email)* | <input type="checkbox"/> | In person / virtual | <input type="checkbox"/> |

- All requests for screening must include a factual and detailed explanation of the reason for your screening request written below 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 or email address provided on this form once a decision is made.

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

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

Yes

No

**Authorized Representative: (optional)**

|            |                |
|------------|----------------|
| Last Name: | First Name:    |
|            |                |
| Address:   | Home Phone:    |
|            |                |
| City:      | Email Address: |
|            |                |
| Province:  | Postal Code:   |
|            |                |

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 Screening, the ultimate responsibility to pay the penalty and any administration costs rests with myself.

**Statement of Penalty Notice Recipient:**

- I (the undersigned) am the registered owner of the vehicle bearing the number plate/VIN specified in the penalty notice.
- I acknowledge that if I or, my authorized representative, fail to appear and to remain at my scheduled In-Person/Virtual 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 fee\* for having failed to appear.
- I may be charged an additional MTO search fee\* in addition to the Administrative Penalty.
- I have read and understand the conditions of this form.

\*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.

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

|            |                  |
|------------|------------------|
| Signature: | Date of Signing: |
|            |                  |

Please submit your completed Request for Screening 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

## Screening Information

- Screening Review Request:** If you were served with a Penalty Notice, you may request a review of the penalty by a Screening Officer. Requests must be made on or before the Penalty Due Date, which is 15 days following the Penalty Notice Date, as outlined in Section 7.1 of By-law 2025-81.
- Requesting an Extension:** You may request an extension for a Screening Review, provided it is made within 15 days of the Date of Service of the Penalty Notice, and you can demonstrate extenuating circumstances to justify the extension.
- Missed Screening Review (In person/virtual):** If you or your representative fail to attend your scheduled Screening Review, the Screening Review request will be considered abandoned, and the penalty amount and any administrative fee(s) will be confirmed. A non-appearance fee of \$50.00 will also be charged.
- Screening Officer's Decision:** The Screening 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 Section 7.14 of By-law 2025-81.
- Screening Officer's Authority:** A Screening 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 |                                     |
| Personal  | <input type="checkbox"/> Mail | <input type="checkbox"/>     |                                     |
| Location: Township of Centre Wellington Municipal Office<br>1 MacDonald Square, Elora, ON N0B 1S0<br>Council Chambers |                               |                              |                                     |

## Screening Decision

|                               |       |
|-------------------------------|-------|
| Screening Officer's Signature | Date: |
|                               |       |