

## **Administrative Penalty System**

### **Request to Extend Time to Request a Screening or Hearing**

**Who should use this form?**

This form is for anyone who, due to extenuating circumstances, was not able to request a Screening or Hearing within the timelines prescribed under the Administrative Penalty By-law and wishes to still dispute or appeal a Penalty Notice.

**Dispute Information**

<b>Penalty Notice No.:</b>
<b>I am seeking an extension of:</b> <input type="checkbox"/> Time to request a Screening <input type="checkbox"/> Time to request a Hearing
<b>Name of Accused:</b>
<b>Name of Authorized Representative (if applicable)</b>
<b>Email:</b>
<b>Phone Number:</b>

**Reason for Request:** Please provide a detailed explanation of why you were not able to schedule a screening or hearing meeting within the time frame required under the Administrative Penalty By-law (you may attach additional pages or other documents to support your request).

**Declaration**

I, the undersigned, declare that the information provided on this form is true and accurate to my knowledge and that I understand that providing false information may result in my request being denied. I also acknowledge that the City may request additional information deemed reasonable and appropriate to substantiate any statements made with respect to my reasons for supporting my request.

Name (please print clearly):	
Signature:	Date (MM/DD/YYYY):

**Instructions:**

Please send or drop off this completed request form to:

City of Cambridge  
Attn: Administrative Penalty Program  
50 Dickson Street  
Cambridge, ON, N1R 5W8

You may also email a scanned copy of this form directly to [tickets@cambridge.ca](mailto:tickets@cambridge.ca).

Your request must be received no later than by the end of the 30<sup>th</sup> day after the date of service or from the date of the Screening Officers decision. Failure to do so will mean that you will no longer be able to request an extension and the Penalty Notice will be irrevocable affirmed with late fees also becoming applicable.

The applicant must show, on a balance of probabilities, the existence of mitigating or extenuating circumstances that call for an extension of time.

You will be notified by mail or email on the result of the Request to Extend Time to Request Appeal. You will be contacted to schedule a Screening/Hearing review meeting.

For Internal Use Only			
Application Received Date:		Reviewer:	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant Notified by: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> In Person		