

Agent/Representative Authorization Form

Please complete this form if you are appointing someone to represent you during a Screening Review or Hearing Review appointment. This form is not used to request a Screening Review or Hearing Review. To request a review, visit www.cambridge.ca/tickets for more details. Submit the completed authorization form by email: tickets@cambridge.ca or by Mail or In Person: City of Cambridge, Attn: Administrative Penalty Program, 50 Dickson Street, Cambridge, ON, N1R 5W8.

I, _____ hereby authorize _____
(Print your name) (Print authorized persons Name)

To act and appear for me as my agent in the matter pertaining to Penalty Notice(s):

(Penalty Notice Number) (Penalty Notice Number) (Penalty Notice Number)

They may enter a plea to any infraction they deem fit towards completion of this/these matter(s), as authorized by me in writing.

I am aware that if there is a fine to be paid after the Screening Review or Hearing Review appearance, the ultimate responsibility to pay the fine(s) rests with me.

(Signature of person giving Authorization)

(Date)

(Signature of authorized person)

(Date)