TOWNSHIP OF BONFIELD ADMINISTRATIVE MONETARY PENALTY SYSTEM BY-LAW 2026- 32

REQUEST FOR A REVIEW BY A SCREENING OR HEARING OFFICER

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

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

Penalty Notice Information (Infraction)		
Penalty Notice No.	Penalty Date	Name on Penalty Notice
Location where the Infraction Occurred		
Offence		Section Number

Type of Request

☐ Review by a Screening Officer to dispute Penalty Notice receiver (to be undertaken in writing)

◯ Request to meet with the Screening Officer in person to conduct review

☐ Review by a Hearing Officer to dispute Decision of a Screening Officer

Reason for Review (you are required to provide specific reason(s)

Please provide a factual and detailed explanation of your reason(s) for your request.
If you wish to support your request with images or other documentation, please attach them to this request.
The Screening or Hearing Decision will be sent to you.

Attachment(s) included (please check relevant box) ☐ **Yes** ☐ **No**

Statement of Peneltay Notice Recipient

I represent and warrant that:
I am the person named on the Penalty Notice;

I acknowledge that if I fail to appear and to remain at my scheduled Hearing until my matter has been determined by the Screening or Hearings Officer, I will be deemed to have abandoned my request for a Hearing., the Administrative Penalty will be affirmed, and I will be liable for any additional Administrative Fees; and
I have read and understand the conditions of this application.

Signature	Date

Instructions for Submitting Request for Review Form

Please submit your completed form to the Township of Bonfield by:
Regular letter mail to: 365 Highway 531 Bonfield ON P0H 1E0
Email scanned copy to: cao.clerk@bonfieldtownship.com
In person at: 365 Highway 531 Bonfield ON P0H 1E0

OFFICE USE ONLY

Application Received Date:

Decision Date: