## Schedule "E1" - PENALTY NOTICE SCREENING REQUEST FORM

## \*\*Must Completely Fill Form Page 1 & 2 \*\*

## Dy law Tieket informatio

By-law Ticket information	
Ticket Number:	
Issue Date of Fine:	
License Plate #:	
Personal Information	
First Name:	Last Name:
Address:	City:
Province:	Postal Code:
Phone Number:	Email:
Preferred means of Communicati	 ion - Phone: Email: Mail:
	ng the issuance of the Penalty Notice (attachments
may be provided)	

By signing below, I affirm the information submitted to be true and correct and I acknowledge my understanding of the following:

- I must submit a separate request for each Penalty Notice I choose to contest;
- The Screening Officer considers the full penalty when making their decision; where no discount of the Penalty Notice is applicable;
- The decision of the Screening Officer will be sent to the email address provided as part of my Request for Screening;
- Where the Screening Officer reduces or upholds the penalty, that amount is due and payable within 7 calendar days of the decision being provided to me;
- Once the decision of the Screening Officer has been provided to me, no further communication with the Screening Officer will occur as their decision is final;
- If I disagree with the Screening Officer, I may request a hearing by a Provincially appointed Adjudicator;
- Any request for Adjudication must be submitted within 7 calendar days of the decision of the Screening Officer being given to me; and
- There is a \$25.00 fee for requesting Adjudication.

Applicant Signature	Date	

## **Submission Instructions:**

By Email: main@townsr.ca

By Fax: 204-734-5166

By Mail: Box 879, Swan River, MB ROL 1Z0

Dropped off: 439 Main St, Swan River, MB ROL 1Z0