REQUEST FOR REVIEW

Please return to City Hall or email to screeningofficer@city-plap.com

Penalty/Ticket Number:	Issue Date:	Licence Plate:
Name:	Email Address:	
Street and Mailing Address:		
City:	Postal Code:	
Name of Registered Owner: *If you are not the Registered O	wner you must attach a let	tter from them authorizing this request.
Preferred Method of Communica	ation (Mail or Email):	
Reason for Appeal:		
Please attach any additional info		
The Screening Officer will acknowledge	owledge receipt of this Re	equest within 14 days.

You will receive the Screening Officer's decision within 30 days of receiving this request.

penalty.

The Screening Officer's decision may be to confirm the penalty, reduce the penalty, or cancel the