



The Corporation of the
City of St. Catharines

www.stcatharines.ca

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St. Catharines, ON L2R 7C2
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TTY: 905.688.4TTY (4889)

Financial Management Services
Billing

Screening Request Form

This form must be completed in full by the registered plate owner.

Registered Plate Owner: _____ Phone #: _____

Address: _____ City: _____ Postal Code: _____

E-mail Address: _____

Penalty Notice #: _____ Licence Plate #: _____

Date of Offence: _____ Penalty Amount: _____
MM/DD/YYYY

Authorization to act as agent on behalf of registered plate owner

I, _____ hereby authorize _____
(Registered Plate Owner) (Agent's Name)

To act and appear for me as my agent in the matter pertaining to the above Penalty Notice.

They may enter a plea to any offence he or she deems fit towards completion of this matter as authorized by me in writing.

I am aware that if there is a penalty to be paid after the Screening/Hearing appearance, the ultimate responsibility to pay the penalty and any administration costs rests with myself.

Signature of Owner: _____

Signature of Agent: _____

Signature of Screening Officer: _____ Date: _____

Note: If you fail to appear at the time and place set for your screening appointment, you will be deemed not to dispute the penalty notice and the penalty amount will be affirmed in your absence without further notice and an additional fee of \$25.00 for failing to attend will be imposed.

Please e-mail the completed form to Parking Services at parking@stcatharines.ca or fax or deliver the completed form to the address noted above.