

# AMPS Parking Screening Request

[parking@stcatharines.ca](mailto:parking@stcatharines.ca)

905.688.5600

50 Church St, St. Catharines, ON L2R 7C2

## Instructions

- If you wish to support your Screening with images or other documentation, please send them to [parking@stcatharines.ca](mailto:parking@stcatharines.ca) in advance of your Screening appointment.
- Include your name and penalty notice number on all submitted documentation.
- The Screening Officer's decision will be provided to you at the Screening.

All information you provide is protected by the *Municipal Freedom of Information and Protection of Privacy Act*.

A. Penalty Notice information		
Please provide the information found on the Penalty Notice		
Penalty Notice Number:	Penalty date:	Location:
Offence:	Licence plate number:	

B. Required information	
Name of registered owner:	Phone number:
Address:	
City:	Province:
Postal code:	
Mailing address (if different than above):	
Email address:	

C. Type of Screening requested	
<input type="checkbox"/> In-person Screening	<input type="checkbox"/> Virtual Screening (email required in section B.)

### In Person Screening Appointment:

- Where the defendant is a resident in the Niagara Region, the screening appointment must be held in person.

### Telephone Screening Appointment:

- Where the defendant resides outside the Niagara Region, a telephone screening will be granted once the required supporting documents are provided to the Screening Officer.
- Where the defendant is a resident in the Niagara Region; at the discretion of the Manager, once the required supporting documents are provided to the Screening Officer

Note: The Screening Officer may choose to attend your in-person Screening virtually. In this circumstance, you will be provided a meeting room and a computer at your in-person Screening.

<b>D. Authorized representative (optional)</b> <ul style="list-style-type: none"> <li>See relevant Municipal Administrative Penalty By-law for list of authorized representatives.</li> </ul>		
Name of authorized representative:		Phone number:
Address:		
City:	Province:	Postal code:
Mailing Address (if different than above):		
Email Address:		
<b>Declaration:</b>  I, _____ (registered plate owner) hereby authorize _____ (name of authorized representative) to act and appear for me as my authorized representative in the matter pertaining to the above Penalty Notice.  The authorized representative named on this form may enter a plea to any offence they deem 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, the ultimate responsibility to pay the penalty and any administration costs rests with myself.		

<b>E. Information about Screenings</b> <ul style="list-style-type: none"> <li>Screenings may be conducted in-person or virtually.</li> <li>A Screening Officer will contact you with a date and time for your Screening Appointment.</li> <li>A request for a Screening Appointment may be submitted by mail, email or in person up to 15 calendar days from the date of issuance of the Penalty Notice.</li> <li>Late submissions cannot be accepted.</li> <li>Screening Appointments cannot be rescheduled or adjourned.</li> </ul>
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**G. Statement of Penalty Notice Recipient**

I represent and warrant that:

- I am the registered owner of the vehicle identified on the issued Penalty Notice.
- Upon my authorization of a representative to accompany me and/or act on my behalf in this matter, I acknowledge that if they/I fail to appear and remain at the scheduled Screening until my matter has been determined by the Screening Officer, I will be deemed to have abandoned my request for a Screening, the administrative penalty will be affirmed, and I will be liable for an additional \$25.00 fee for having failed to appear.
- I have read and understand the conditions of this application.

Signature

Date

Submit your completed form using one of the methods below:

- a) By mail: City of St. Catharines, Financial Management Services, Parking Services  
2<sup>nd</sup> Floor, 50 Church St, P.O. Box 3012, St. Catharines, ON L2R 7C2
- b) By email: [Parking@stcatharines.ca](mailto:Parking@stcatharines.ca)
- c) In person: City of St. Catharines, Financial Management Services, Parking Services  
2<sup>nd</sup> Floor, 50 Church St, St. Catharines, ON L2R 7C2

Personal information, as defined in the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001, and in accordance with MFIPPA, for the purpose of administering online services and providing you with access to your City of St. Catharines accounts. Inquiries about the MFIPPA or the collection, use, and disclosure of this personal information may be directed to the Office of the City Clerk at [clerks@stcatharines.ca](mailto:clerks@stcatharines.ca) or 905.688.5601, ext. 1517.

**For Internal Use Only**
**Application Received**
**Appointment Information**

Date Stamp:

Appointment Date:

Appointment Time:

Date Notified:

Penalty Notice Recipient notified by:

Email       Mail       In person