

SCHEDULE “C” TO BY-LAW N° 2025-47

AMPS REQUEST FORM

IMPORTANT INFORMATION TO READ PRIOR TO COMPLETING REQUEST FORM

- Applicants are responsible for completing all required portions of the applicant portion of this form, and any false or misleading information may lead to this request being null and void.
- Personal information contained on this form is collected under the authority of Part IV and Section 11 of the *Municipal Act, 2001* and will be used for the administration of the AMPS Program. Questions concerning collection of personal information should be directed to the Clerk.
- Any supporting evidence (photos or documents) for your Screening Request must be brought with you or attached to this completed form and the number of items noted.
- Any supporting evidence NOT presented for the Screening is NOT ADMISSABLE at the Hearing.

TO BE COMPLETED BY APPLICANT				
<input type="checkbox"/> Penalty Notice Recipient	<input type="checkbox"/> Authorized Representative	<input type="checkbox"/> Property Owner		
PENALTY NOTICE RECIPIENT				
NAME (First and Last)	ADDRESS (Street, Town, Province)	POSTAL CODE		
EMAIL	HOME PHONE #	OTHER PHONE #		
AUTHORIZED REPRESENTATIVE (to be completed IF REPRESENTATIVE is accompanying Recipient)				
NAME (First and Last)	ADDRESS (Street, Town, Province)	POSTAL CODE		
EMAIL	HOME PHONE #	OTHER PHONE #		
PENALTY NOTICE INFORMATION (found on notice received)				
PENALTY NOTICE #	NAME / ADDRESS ON NOTICE	OFFENCE COMMITTED		
BY-LAW / SECTION #	ADDRESS OF OFFENCE	ISSUED: IN PERSON/MAIL		
TYPE OF REQUEST (Under AMPS By-Law)				
<input type="checkbox"/> SCREENING REVIEW	<input type="checkbox"/> APPEAL TO HEARING	<input type="checkbox"/> EXTENSION OF TIME TO PAY	<input type="checkbox"/> EXTENSION OF TIME FOR A SCREENING	<input type="checkbox"/> EXTENSION OF TIME FOR A HEARING
In the space below, provide a factual and detailed explanation of your reason(s) for the Request:				
APPLICANT SIGNATURE			DATE / TIME	
AMPS REQUEST MUST BE SUBMITTED BY:				
1. In Person or by Mail: Town of Smooth Rock Falls, 142 First Avenue, PO Box 249, Smooth Rock Falls, Ontario, P0L 2B0				
2. Email completed and signed form (with attachments) to nathalie.vachon@townsrf.ca				
TO BE COMPLETED BY TOWN / APPOINTED OFFICER / AUTHORIZED STAFF				
Name	Role / Position	Date Received	Signature / Initials	
IS REQUEST COMPLETE? (applicant information complete / request signed)				
FEE REQUIRED FOR TYPE OF REQUEST?				
ADDITIONAL INFORMATION / EVIDENCE ATTACHED TO REQUEST?				
NUMBER OF ATTACHMENTS:				

A Request for Review by Screening Officer or Hearing Officer or a request for an extension of time to request a Screening Review or Hearing Appeal shall only be scheduled by the Municipal Clerk.