

The information collected on this form is considered to be a public record. The legal authority to make the information public is City of Toronto Act, 2006, Ontario Regulation 611/06, Administrative Penalties, and Toronto Municipal Code, Chapter 610, Penalties, Administration of, §610-1.2.E. As stated at Section 27 of the Municipal Freedom of Information and Protection of Privacy Act, the privacy provisions at Part 2 of the Act do not apply to any information collected on this form. Questions about this collection can be directed to the Manager of Planning and Liaison, Court Services, 137 Edward Street, 2nd Floor, Toronto, Ontario M5G 2P1 or by telephone at 416-338-7320.

Parking Violation Notice Number

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Vehicle Plate Owner Information

First Name	Last Name	
<input type="checkbox"/> Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.		
Single Name		
Street Number	Street Name	Suite/Unit Number
City/Town	Province	Postal Code
Telephone Number (Daytime)	Email	

Original Scheduled Hearing Date

Date (yyyy-mm-dd)	Time (hh:mm)
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Reason for Change of Date

Preferred Dates

Please provide two (2) preferred dates and times for your Hearing. We will do our best to accommodate you.		
1	Date (yyyy-mm-dd)	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
2	Date (yyyy-mm-dd)	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon

Change of Hearing Date

Form 7

Authorized Agent/Representative Information

I am authorized to act on behalf of the Vehicle Plate Owner identified on the above Parking Violation Notice.

☐ Yes ☐ No I will be attending the Hearing on behalf of the Vehicle Plate Owner.

First Name

Last Name

☐ Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.

Single Name

Street Number

Street Name

Suite/Unit Number

City/Town

Province

Postal Code

Telephone Number (Daytime)

Email

☐ I certify that I have written authorization from the Vehicle Plate Owner to act as a representative with respect to this request on his or her behalf and I understand that I may be asked to produce this authorization at any time.

☐ I am a licenced lawyer or paralegal with the Law Society of Upper Canada (LSUC).

LSUC Number:**Declaration and Authorized Signature**

I certify that all information provided in this application is accurate.

Signature

Date (yyyy-mm-dd)

Every person who makes an assertion of fact in a statement, document or form under Chapter 610 of the Toronto Municipal Code or before a Screening Officer or Hearing Officer knowing that the assertion is false or misleading is guilty of an offence under the City of Toronto Act, 2006 and upon conviction is liable to a minimum fine of not less than \$500.00 and a maximum fine of not more than \$100,000.00.

Filing Instructions

Deliver this completed application to the Administrative Penalty Tribunal at least 5 business days in advance of the Hearing Date by email to **apt@toronto.ca**.

For more information contact apt@toronto.ca or 416-338-3412.