

For more information, email [apt@toronto.ca](mailto:apt@toronto.ca) or call 416-338-3412.

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 Tribunal Operations, Court Services, 40 Orchard View Boulevard, 2nd Floor, Suite 253, Toronto, Ontario M4R 1B9 or by telephone at 416-392-3261.

**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 the Vehicle Plate Owner because the Vehicle Plate Owner has either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide the 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**

**Change of Hearing Date**

Form 7

**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

**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
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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)
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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](mailto:apt@toronto.ca).