

For more information, email 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							

Vehicle Plate Owner Information			
First Name		Last Name	
<div><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.</div>			
Single Name			
Street Number	Street Name		Suite/Unit Number
City/Town		Province	Postal Code
Telephone Number (Daytime)		Email	

Review Request
<div>Select all that apply:</div> <div><input type="checkbox"/> I request to have the decision of the Screening Officer respecting the above noted Parking Violation Notice reviewed at the Administrative Penalty Tribunal.</div> <div><input type="checkbox"/> I request a time extension to request a review. More than 15 days and fewer than 30 days have passed since the decision of the Screening Officer.</div>

And Further That
<div>Select all that apply:</div> <div><input type="checkbox"/> I request a time extension to pay the Administrative Penalty.</div> <div><input type="checkbox"/> I request to be excused from paying all or part of the Administrative Penalty for reasons of undue hardship and I will provide proof of hardship at the review. A list of examples of evidence can be found at www.toronto.ca/aps or contact us at apt@toronto.ca.</div>

Grounds for Request
<div>I request a review of the Screening Officer's decision based on the following reasons:</div> <div></div>

Request for Hearing
Form 1

Language Requirements
All hearings will be held in English.
<input type="checkbox"/> I am more comfortable speaking the _____ language. (Leave blank if inapplicable)
You may bring your own interpreter or use an over-the-telephone interpretation service at the hearing.

Accessibility Accommodation
<input type="checkbox"/> I require an accessibility accommodation.
We are committed to providing inclusive, barrier-free facilities and services as required in the City of Toronto's Human Rights and Anti-Harassment/Discrimination Policy, the Ontario Human Rights Code and the Accessibility for Ontarians with Disabilities Act. If you require an accessibility accommodation in order to be able to fully participate in any part of the hearing process, please contact our Accessibility Coordinator as soon as possible at tribunalaccess@toronto.ca or 416-338-3412 . Visit www.toronto.ca/aps for a list of hearing facility accessibility features.

Authorized Agent/Representative Information		
I am authorized to act on behalf of the Vehicle Plate Owner identified on the above Parking Violation Notice.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I will be attending the Hearing on behalf of the Vehicle Plate Owner.		
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	
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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
Online at **www.toronto.ca/aps**,
Hand deliver the completed application within 15 days to one of the following Screening Offices at:
Metro Hall, 55 John Street, 3rd Floor, Toronto, or
North York Civic Centre, 5100 Yonge Street, Main Floor, Toronto

Or **email** your completed application within 15 days of the Screening Officer's decision, to **apt@toronto.ca**
Note: Completed applications are not accepted by fax or mail.