



Penalty Charge No.

REQUEST FOR SCREENING OFFICER REVIEW
ADMINISTRATIVE MONETARY PENALTY NOTICE (AMP)
Issued Pursuant to the Municipality of Magnetawan
Administrative Monetary Penalty Bylaw

Name: \_\_\_\_\_
(Last/First Name)

Address: \_\_\_\_\_
(Number and Street)

\_\_\_\_\_  
(City/Town) (Postal Code)

\_\_\_\_\_  
Email/Fax/Telephone Number/Business Name

Date Penalty Notice Served: \_\_\_\_/\_\_\_\_/\_\_\_\_
(Day) (Month) (Year)

[ ] Request for Screening Officer Review: \_\_\_\_\_
(Date review requested)

REASONS FOR REVIEW REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY

SCREENING REVIEW DATE: \_\_\_\_\_

PERFORMED BY: \_\_\_\_\_

RESULT:

- [ ] Affirm the Administrative Penalty
[ ] Cancel the Administrative Penalty
[ ] Reduce the Administrative Penalty Amount
[ ] Extension for payment of the Administrative Penalty:

\_\_\_\_\_  
(Extension Date Given)

Screening Review Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY

HEARING OFFICER REVIEW DATE: \_\_\_\_\_

PERFORMED BY: \_\_\_\_\_

Request for Hearing Officer Review

- Affirm the Administrative Penalty
- Cancel the Administrative Penalty
- Reduce the Administrative Penalty Amount
- Extension for payment of the Administrative Penalty: \_\_\_\_\_  
(Extension Date

Given)

Screening Review Details:

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