



The Corporation of the Township of Huron-Kinloss

21 Queen Street
P.O. Box 130
Ripley, Ontario
N0G 2R0

519-395-3735 ext. 123
Fax: 519-395-4107
info@huronkinloss.com
www.huronkinloss.com

Authorization to Act as an Agent Form

Administrative Monetary Penalty System

Ontario Regulation 333/07, Municipal Act, 2001

Instructions:

Complete this form if you are authorizing a person to act on your behalf during a Screening Review or Hearing Review appointment.

Please submit your completed form to the Township of Huron-Kinloss by:

Canada Post to: 21 Queen St., P.O. Box 130, Ripley, ON, N0G 2R0

Email copy to: clerk@huronkinloss.com

Facsimile (Fax) to: 519-395-4107, or

In person at: 21 Queen St., Ripley, ON, N0G 2R0

The authorized person should bring this completed form with them to the scheduled Screening Review or Hearing Review appointment.

I, _____ hereby authorize _____.
(Print your name) (Print authorized person's name)

to act and appear for me as my agent in the matter pertaining to Penalty Notice(s):

_____ _____ _____
(Penalty Notice Number) (Penalty Notice Number) (Penalty Notice Number)

They may enter a plea to any infraction he or she deems fit towards completion of this/these matter(s), as authorized by me in writing.

I am aware that if there is a fine to be paid after the Screening Review or Hearing Review appearance, the ultimate responsibility to pay the fine(s) rests with me.

(Signature) Date (yyyy-mm-dd)

The personal information on this form is collected in accordance with the *Municipal Act, 2001* and will be used in the administration of the Administrative Monetary Penalty System.