Authorization to Act as an Agent - APS

Instructions: Please complete and submit this form if you are authorizing a person to act on your behalf during a Screening Review or Hearing Review.

Section 1 – Defendant's Information

First Name: _____Last Name: _____

Phone Number: _____ Email Address: _____

Section 2 - Authorized Agent's Information

First Name: _____Last Name: _____

Phone Number: _____ Email Address: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Mailing Address (if different than above):

_____

City/Town: _____ Province: _____ Postal Code: _____

Section 3 - Authorization

I hereby authorize the person identified above 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: _____

Penalty Notice Number: _____

They may enter a plea to any infraction he or she deems fit towards completion of these matters as authorized by me in writing. I am aware that if there is a financial penalty to be paid after the Screening Review or Hearing Review, the ultimate responsibility to pay the penalty or penalties rests with me.

Authorization to Act as an Agent - APS

Section 4 – Submitting the Form

Payment Options:

1. **Online:** Pay invoice with Penalty Notice # through the Municipality's website: www.meaford.ca/aps
2. **In Person:** At the Administrative Office located at 21 Trowbridge Street West, Meaford during regular service hours (8:30 a.m. to 4:30 p.m. Monday to Friday). Payment may be made in cash, cheque, money order, debit card or credit card.
3. **By Mail:** Mail a cheque or money order made payable to the Municipality of Meaford. Please write your Penalty Notice number on the front of the cheque or money order. Do not mail cash. Mail to: Municipality of Meaford – By-law Services 21 Trowbridge Street West, Meaford, ON N4L 1A1

Section 5 – Defendant's Signature

By signing this form, I hereby authorize the person identified in this form to act and appear for me as my agent. I will notify the Municipality if any of the information changes before the review date.

Signature: _____ Date: _____

All personal information collected on this form is protected under the *Municipal Freedom of Information* and *Protection of Privacy Act* and will be used only for the purpose of processing your request.