Request for Extension of Time - APS

Instructions: Please complete and submit this form within 30 days from the date of the issuance shown on the Penalty Notice.

The Municipality may grant an extension and set a date for a Screening Review or Hearing Review only if the applicant demonstrates, on a balance of probabilities, the existence of mitigating or extenuating circumstances that warrant an Extension of Time. You will be notified of the decision by email.

Section 1 – Request for Extension of Time

I hereby request an Extension of Time for a:

☐ Screening Review (I have not had a Screening Review yet) As per By- law 2026-47, Sec. 5.3

☐ Hearing Review (I have had a Screening Review already) As per By- law 2026-47, Sec. 6.3

Section 2 – Penalty Notice Information

Penalty Notice Number: _____ Offence Date: _____

Address of Offence: _____ Screening Review Date: _____

Section 3 – Contact Information

First Name: _____Last Name: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

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

Section 4 – Reason for Request

Please provide a factual and detailed explanation of the reason(s) for your Request for Extension of Time:

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Section 5 - Supporting Documents

Please attach any supporting documents for your request for extension of time.

Section 6 – 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 5:00 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 7 – Signature

By signing this form, I certify that all information provided is true and accurate. 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.