

# Screening Request

Legislative Services  
Provincial Offences Office  
950 Burnhamthorpe Road West  
Mississauga, Ontario, L5C 3B4

Office Use Only Postponement ☐

Request Date \_\_\_\_\_

Clerk's Initials \_\_\_\_\_



MISSISSAUGA

Personal information is collected under the authority of the City of Mississauga Administrative Penalty By-law 282-13 and will be used in the administration of the Administrative Penalty System. Direct questions about this collection should be sent to the Manager, Court Administration, 950 Burnhamthorpe Road West, Mississauga, Ontario L5C 3B4, Telephone 905-615-4500.

**Important Information - Read this information carefully.**

- Payment of the Administrative Penalty amount can be made up to and including the day of your Screening and will result in the cancellation of your Screening.
- Failure to appear at the time and date of your Screening will result in the affirmation of the Administrative Penalty and a non-appearance fee of \$50.00, a late payment fee of \$25.00 and, if the Administrative Penalty is related to a parking contravention, an additional MTO search fee of \$10.00 will be applied.
- Failure to pay the Administrative Penalty and fees for a parking contravention will result in the denial of your vehicle permit and a plate denial fee of \$20.00
- Failure to pay the Administrative Penalty and fees for a licensing contravention may result in the revocation or denial of your licence and your outstanding payment will proceed to a Collections Agency.

All details below must be provided or your Screening Request will be denied.

Penalty Notice Number \_\_\_\_\_

I am the (pick one) ☐ **Registered Owner** (Person named on plate portion of the vehicle permit)☐ **Contravener** (Person named on the Penalty Notice)

Name \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # (between 8:30 a.m. and 4:30 p.m.) \_\_\_\_\_

Email \_\_\_\_\_

Registered Owner/Contravener (Signature) \_\_\_\_\_

Date \_\_\_\_\_

☐ **Authorized Representative** (of Registered Owner/Contravener)

Name \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # (between 8:30 a.m. and 4:30 p.m.) \_\_\_\_\_

Email \_\_\_\_\_

I, \_\_\_\_\_ certify that I am authorized by the Registered Owner/Contravener of the above-noted Penalty Notice and have obtained authorization to act on their behalf, in regard to the above noted Penalty Notice.

Authorized Representative (Signature) \_\_\_\_\_

Date \_\_\_\_\_

**Office Use Only**Screening Date given personally: ☐ Registered Owner/Contravener ☐ Representative Location **950 Burnhamthorpe Road West**

Screening Date \_\_\_\_\_ Time \_\_\_\_\_ Room \_\_\_\_\_

New Screening Date \_\_\_\_\_ New Time \_\_\_\_\_ New Room \_\_\_\_\_

Screening Date Received by Registered Owner/Contravener  
or Authorized Representative

Date \_\_\_\_\_