



Parking Administrative Penalty System

Authorization to act as Agent

Complete this form if you are authorizing a person to act on your behalf in relation to a Penalty Notice.

I/we, the undersigned, am the registered owner(s) of the vehicle bearing Plate No.: _____

I/we hereby authorize: _____
to act and appear for me as my agent in the matters pertaining to the following Penalty Notice(s)

Required information

Penalty Notice number: _____

Penalty Notice issued on: _____

Vehicle Licence Plate Number: _____

Registered Owner(s) Full Name(s): _____

Registered Owner(s) Address: _____

Registered Owner(s) Telephone Number: _____

I/we authorize the agent to act on my behalf in relation to the above Penalty Notice(s) and to enter an agreement to any penalty or resolution they deem appropriate toward a conclusion of this matter. I/we am aware that if there is an administrative penalty and/or administrative fees to be paid after the Screening Review or Hearing Review, the ultimate responsibility to pay these amounts rests with me.

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

NOTE: this form must be printed, signed and brought to the Screening and Hearing Review.

Any personal information as defined in the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, as amended, is subject to provisions of that Act and will be used for the purposes indicated or implied by this form. Questions about the collection of personal information should be directed to the Town of Innisfil, 2101 Innisfil Beach Road, Innisfil, ON L9S 1A1, telephone: 705-436-3710.

For Office Use Only:

Date Received: _____

Innisfil Town Hall
2101 Innisfil Beach Road
Innisfil, ON L9S 1A1

Phone: 705-436-3710
Toll-free: 1-888-436-3710
Fax: 705-436-7120

Email: inquiry@innisfil.ca
www.innisfil.ca
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