



Authorization to Act as an Agent

Administrative Monetary Penalty System
Ontario Regulation 333/07, Municipal Act, 2001
The Corporation of the Town of Newmarket

Instructions:

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

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. Questions about this collection should be directed to the Manager of Regulatory Services, Town of Newmarket, 395 Mulock Drive, P.O. Box 328, STN Main, Newmarket, ON L3Y 4X7; Telephone 905 895-5193 Ext. 2214 Fax 905-953-5100.