



AMPS Authorization to Act as an Agent

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 or email a copy in advance of a Review to amps@richmondhill.ca.

I, the undersigned, hereby authorize: _____

to act and appear for me as my agent in the matter pertaining to the following Penalty Notice(s):

Penalty Notice Number: _____

Penalty Notice Number: _____

(if multiple Penalty Notices)

Penalty Notice Number: _____

Penalty Notice Number: _____

(if multiple Penalty Notices)

(if multiple Penalty Notices)

My authorized agent may enter a plea to any penalty he or she deems appropriate toward a conclusion of this matter.

I am aware that if there is a fine to be paid after the Screening Review or Hearing Review, the ultimate responsibility to pay the fine rests with me.

Name (please print): _____

Signature: _____

Date: _____

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 can be directed to: Adjudication Manager, 1200 Elgin Mills Road East, Richmond Hill Ontario L4S 1M4, by telephone at 905 771-5734, or by email to amps@richmondhill.ca.

Note: This form must be printed, signed, and brought to the Screening Review or Hearing Review appointment by the agent named, or emailed in advance of a Review to amps@richmondhill.ca