

## AMPS Authorization to Act as an Agent

### 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 submit this form with the request for Screening/Hearing Review to [AMPS@townofbwg.com](mailto:AMPS@townofbwg.com).

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 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 Town Clerk, P.O. Box 100, 100 Dissette Street, Units 7 & 8, Bradford, ON L#Z 2A7, 905-775-5366.